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Congress of the United States
House of Representatives
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515-6115

Dear Committee on Energy and Commerce:

First, I want to thank you and the Trump Administration for your thoughtful consideration of the issues facing Americans who struggle with substance use disorder. Ohio continues to be in the epicenter of an addiction and mental illness public health crisis. As Governor of Ohio, one of my first executive orders created RecoveryOhio, my initiative to direct and coordinate the efforts of state government to combat the mental health and addiction crisis that has claimed so many lives and destroyed so many families. Contained within this response you will find a copy of the RecoveryOhio Advisory Council Initial Report containing 75 recommendations for addressing mental illness and addiction in order to access services and encourage healing.

I appreciate your committee providing Ohio with the opportunity to respond to this request. Your efforts, and these funding opportunities have saved countless Ohioans and has facilitated the learning and healing of many Ohio families. As this epidemic ravages on it is imperative that we unify in our efforts and share those strategies and efforts that work while learning from those that do not.

While the nation begins to rebuild from this fatal crisis, Ohio stands ready to collaborate and work with you in all ways necessary to expedite the end of this epidemic and make the path to recovery and healing accessible to all Americans.

Once more I thank you for your efforts and encourage you to explore the expansion of funding restrictions so we can save as many lives as possible and end this public health crisis.

Very respectfully yours,

Mike DeWine
Governor

Ohio Responses

Congressional House Committee on Energy and Commerce

October 23, 2019

1. Since 2016, how much federal funding for opioid use disorder prevention, treatment and recovery has Ohio received? **See *Ohio Congressional Response Table* (Attached)**

   a. What challenges, if any, exist in deploying federal funds to local communities in an expedited manner?

   The short-term funding cycles for opioid specific federally funded strategies create challenges for local communities in planning to use the federal funds. The investment requirement to plan and structure a program, determine sustainability and hire personnel require the ability to access funding for several years. An assessment of both local need and capacity to expand services is required and there are delays caused by uncertainty among local communities of the cost to expansions that might not be supported in the future. The need to close a grant at the end of the funding year, then request and wait for an extension makes it difficult for our local partners to gain any momentum in managing the resources for long term impact.

   b. To date, how much of this federal funding has your state used or allocated? Please provide a list of each funding recipient, the purpose for allocating money to them (e.g., prevention, treatment, etc.), and the amount that has been allocated to them.

To date Ohio has allocated the following amounts:

State Opioid Response (SOR)			
	Year 1	**Year 2**	**TOTAL**
Award Period	9/30/2018-9/29/2019	9/30/2019-9/29/2020	
Original Award	$ 55,790,598	$ 55,790,598	$ 111,581,196
Supplement	$ 29,122,692		$ 29,122,692
TOTAL	**$ 84,913,290**	**$ 55,790,598**	**$ 140,703,888**

State Targeted Response (STR) - "Cures"

	Year 1 5/1/2017-4/30/2018	Year 2 5/1/2018-4/20/2019	TOTAL
Original Award	$ 26,060,502	$ 26,060,502	$52,121,004

Medication Assisted Treatment (MAT-PDOA)				
	Year 1	Year 2	Year 3	TOTAL
MAT-PDOA	9/30/2017-9/29/2018	9/30/2018-9/29/2019	9/30/2019-9/29/2020	
Original Award	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 6,000,000
Supplement*		$ 25,000	$ 25,000	$ 50,000
TOTAL	**$ 2,000,000**	**$ 2,025,000**	**$ 2,025,000**	**$ 6,050,000**
*Supplemental Award for Technical Assistance only				

Drawdowns (Revenue Received) by Grant					
Award	**SFY17**	**SFY18**	**SFY19**	**SFY20**	**Total by Award**
STR/CURES	$747,659.11	$19,351,822.00	$28,303,491.28	$253,440.42	$48,656,412.81
MAT-PDOA	$ -	$752,909.89	$1,230,942.55	$1,483,395.98	$3,467,248.42
SOR	$ -	$ -	$3,234,554.08	$13,575,889.42	$ 16,810,443.50
TOTAL	**$747,659.11**	**$20,104,731.89**	**$32,768,987.91**	**$15,312,725.82**	**$68,934,104.73**

c. If your state has not used the entirety of federally allocated funding, please explain why.

The federal awards are still active, and every effort is being made to spend down the funding with federal agency approval and through local and statewide projects. Again, it is difficult to plan for, allocate, and implement programming within the limited allowable uses of funds and within the required short-term funding cycles. These restrictions result in unspent balances requiring carry-over requests. Our federal partners have been supportive in processing and granting those requests, but it still adds administrative work at the federal, state, and local levels. Ohio is proud of the work done with these investments, and the funding has resulted in meaningful and positive impact for individuals, families, and communities. Longer funding cycles would reduce administrative processing, allow sustainable programming implementation, and promote the efficient and effective use of the entirety of the federal allocated funding.

2. Please describe how your state determines which local government entities (i.e., counties, cities, and towns) receive federal grant funding to address the opioid crisis. Specifically, please identify localities impacted most by the opioid epidemic in your state, and include the total amount allocated to each locality, as well as the factors your state considers in distributing these funds.

In Ohio Revised Code Chapter 340.30, the county hub program to combat opiate addiction establishes the board of alcohol, drug addiction and mental health services as the county hub for its service area. Funding for local board entities under the CURES Act and MAT PDOA funding awards was determined through identifying 3 Tiers of community need. The 20 counties that reported the highest Overdose Death Counts (2010 – 2015), Overdose Death Rates (2010-15), and Fentanyl Deaths (2015), and represent 7,030,825 residents (61% of state population) make up Tier 1. Tier 2 represents 27 counties that had the second highest Overdose Death Rates (2010-2015) and High Need for Illicit Drug Treatment (NSDUHs 2012- 2014). Tier 2 represents 1,678,383 or 14% of Ohio's population. Tier 3 consists of 41 counties having access to statewide prevention and workforce training activities but not a direct allocation through the CURES Act Award. MAT PDOA counties were selected from those that did not receive CURES Act funding and the number of unintentional deaths in the board area for the period of 2010 – 2015 was at least 90 individuals.

The State Opioid Response funds were allocated to local governments through a bidding process that allowed each of the 6 state-operated psychiatric hospital regions to bid for up to $2.5 million dollars to support local treatment and recovery projects and two additional bid processes for individual counties to apply for funding to support recovery housing and peer support services. The amounts for each area are summarized in Appendix 1.

3. Please describe how your state determines which non-governmental organizations (i.e., non-profits, treatment centers, or other entities) receive federal grant funding to address the opioid crisis. Specifically, please identify the non-governmental organizations that have received funds in your state, and include the total amount allocated to each entity, as well as the factors your state considers in distributing these funds.

Non-governmental agencies are awarded federal funds through a competitive bid process for contract or grant dollars to meet the programmatic needs identified in each application for federal funds. The funds are summarized in Appendix 1. Applications are evaluated based on the ability of the organization to meet the goals outlined in the federal funding opportunity through programs described in the federal funding application. These activities may include training activities, coalition building, specialized population engagement and treatment or engaging in innovative types of new treatment modalities, such as telemedicine.

4. Do federally appropriated funds to address the opioid crisis provide your state with the flexibility to focus on the hardest hit regions or localities? Please describe how, if at all, this flexibility has helped Ohio in using funds to target vulnerable populations or at-risk areas. If no, please explain what additional flexibility should be considered in helping your state address the hardest hit regions or localities.

Flexibility provided in recent SAMSHA grants to direct funds to communities hardest hit by the opiate epidemic allows for improving the continuum of care at the local level for persons with opioid use disorder and the prevention of opiate related overdose death. However, substance abuse and addiction are evolving problems that go beyond a single substance. Addressing addiction, beyond a single substance, by using data reflecting patterns of diverse substance use to identify hardest hit geographic locations, and the specific tools needed to respond is the most effective strategy for addressing the negative effects on our communities. Flexible funding should allow for use in combatting addiction of all substances – especially when trends are showing a decrease in opiate use corresponding with spikes in use of methamphetamines and cocaine. Flexible funding should also be available for prevention strategies, including early identification and intervention with high risk populations as well as continued opportunities for workforce development. It is also noteworthy that Ohio was hit hard by the opioid crisis sooner than other states, and many strategies supported by federal dollars were already well underway by the time that federal funds were available. Many states look to Ohio to replicate our successful strategies. Allowing flexibility with funding would allow us to continue to develop solutions to emerging issues in the opioid and addiction crisis that would not only help Ohio recover from this crisis, but also help develop and share best practices for other states. Opioid-specific funding that is allocated over multiple years through a mechanism that is aligned with SAMHSA substance abuse and mental health block grant strategies would be most helpful in measuring outcomes and efficient distribution of funds.

5. In what ways, specifically, have federal funds extended to Ohio helped change your state's treatment system and/or led to a reduction in opioid overdoses?

The expansion in access to evidence-based treatment including medication assisted treatment through increasing the provider network and enhancing the system of care led to a stronger system of care that provided treatment to more individuals in Ohio through federal funding. The support for increasing the number of providers of medication assisted treatment for opiate use disorder through training activities led to 1,234 attending the DATA 2000 training and increased overall waivered prescribers in Ohio to 2,693. This expansion and additional efforts also increased access to medication assisted treatment in the wake of an overdose or a crisis through emergency department access. The number of persons able to access needed medication induction within the emergency department increased by 865 patients through the CURES Act funding supports. Further, stigma reduction activities within the criminal justice community led to changes in perceptions of medication assisted treatment within jail settings and allowed 21 quick response teams to assist in engagement after an overdose. Per pre and post survey results, there was a 19% increase in those that agreed that MAT is an effective tool for treating Opioid Use disorder among criminal justice stigma reduction activity participants. See Table 1 below.

Table 1

Pre-Survey Responses				
Question	**Agree**	**Uncertain**	**Disagree**	**Total**
MAT is an effective tool for treating Opioid Use Disorders	635	231	0	866
	73%	27%	0%	100%
MAT can help reduce crime and reincarceration	628	202	0	830
	76%	24%	0%	100%
MAT can help reduce relapse	620	218	0	838
	74%	26%	0%	100%
Using MAT to treat addiction is substituting one drug for another	555	194	22	771
	72%	25%	3%	100%
Post-Survey Responses				
Question	**Agree**	**Uncertain**	**Disagree**	**Total**
MAT is an effective tool for treating Opioid Use Disorders	788	61	10	859
	92%	7%	1%	100%
MAT can help reduce crime and reincarceration	747	91	10	848
	88%	11%	1%	100%
MAT can help reduce relapse	761	61	9	831
	92%	7%	1%	100%
Using MAT to treat addiction is substituting one drug for another	208	183	433	824
	25%	22%	53%	100%

6. What performance measures is Ohio using to monitor the impact of federal funds for opioid use disorder and other substance use disorder treatment?

Ohio uses the Government Performance and Result Act data collection tool to measure individual client service needs and treatment outcomes as required by the MAT PDOA and State Opioid Response funding awards. These measures are collected at intake, at 6 months post-intake, and at discharge from services. Abstinence from substance use, employment, housing and reported measures of well-being are all evaluated for program performance. The CURES Act project uses collection of the number of persons who receive treatment and recovery supports to measure the impact of the federal funds on assisting patients in accessing needed services across the state.

7. According to the Substance Abuse and Mental Health Services Administration, State Targeted Response to the Opioid Crisis (STR) Grants provide funding to states to: (1) conduct needs assessments and strategic plans; (2) identify gaps and resources to build on existing substance use disorder prevention and treatment activities; (3) implement and expand access to clinically appropriate, evidence-based practices for treatment – particularly for the use of medication-assisted treatment (MAT) and recovery support services; and (4) advance coordination with other federal efforts for substance misuse prevention.

   a. Has your state conducted a needs assessment and strategic plan? If yes, please describe that plan.

The Opioid STR Needs Assessment for Ohio, completed in July 2017, describes the relevant information related to opioid overdose deaths, reported substance use data and the utilization of the prescription drug monitoring program – OARRS. It identifies those geographic regions that report the highest opioid related overdose deaths and those lacking providers of medication assisted treatment. Additional information is included regarding reported treatment needs by geographic region and ongoing state funded efforts to distribute overdose reversal medications and education.

The Opioid STR Strategic Plan identifies activities intended to build a community system of care that includes prevention, early intervention, treatment and recovery supports while emphasizing the service integration between physical health, emergency health care, behavioral health care, criminal justice, and child welfare. Strategies and activities undertaken for this effort build upon Ohio's on-going efforts to address the opioid epidemic and are designed to reduce overdose deaths and enhance treatment capacity using evidence-based approaches and recovery supports. The specific goals include expanding the number of Opiate Treatment Programs and Office Based Opiate Treatment locations, increasing the availability of qualified staff to provide medication assisted treatment, increasing the settings and services locations where medication assisted treatment is available, expansion of recovery support services including the number of recovery houses and certified peer recovery supporters, enhancing the skills of law enforcement and first responders to support engagement in treatment after an overdose, furthering education across the system in trauma informed care and expanding the use of evidence based practices in prevention at schools and within communities.

In March 2019, Governor DeWine's RecoveryOhio initiative released a report including 75 recommendations in several policy and practice areas that identify pathways for moving prevention, treatment, and recovery efforts forward for families and communities in Ohio. OhioMHAS is using these recommendations, required local community plans, Ohio Substance Abuse Monitoring Network

findings, and the state health assessment and improvement plan to create a strategic plan for next steps in addressing Ohio's behavioral health crisis.

b. Has your state identified gaps and resources to build on existing substance use disorder prevention and treatment activities? If yes, please describe those findings.

The local projects and statewide programs supported through the CURES Act funding revealed additional needs including furthering the availability of naloxone at the local level, increasing awareness among parents and older adults of opioid addiction risks, continuing need for expansion in the number of providers of medication assisted treatment, and enhancements to the recovery supports systems in Ohio. Recovery supports, including housing for families, peer mentorship for parents engaged in the child welfare and family court systems, recovery housing that supports access to all forms of medication assisted treatment and the development of employment skills for persons in recovery were identified as ongoing needs in the community. The State Opioid Response projects are designed to meet the needs and support ongoing expansions within the continuum of care at the local level. A significant expansion in recovery housing for families and for person utilizing medication assisted treatment, an increase in local treatment supports, an expansion of funding for media awareness campaigns directed at older adults including parents and grandparents and the development of vocational and employment supports through multi-state agency partnership are all programs designed to fill identified gaps.

Ohio conducted a Targeted Response Initiative through the CURES Act project that focused on conducting an initial assessment of four communities' needs prior to CURES funding becoming widely available and after the funding was available within the state. The initial assessment identified the need within client and community members for additional naloxone training and education, additional inpatient treatment, long term recovery supports and housing, and broader community messaging related to both opioids and medication assisted treatment that also addresses stigma. The findings of the Targeted Response Initiative informed the design of the State Opioid Response grant programs.

Unintentional overdose death data from 2018 and beyond reveal an increase in opioid overdose deaths among African Americans, particularly males. This data was used to create targeted prevention and treatment strategies for racial and ethnic minorities in Ohio through supplemental SOR funding made available in April 2019.

c. Has your state implemented and expanded access to clinically appropriate, evidence-based practices for treatment – particularly for the use of MAT and recovery support services? If yes, please describe how you have done so.

Access to clinically appropriate services is supported through the federal funding and is demonstrated through the data reported through the CURES Act programs. 6,923 persons received access to medication assisted treatment, 12,569 persons received recovery support services including housing and peer support services. Further, the addition of 800 prescribers who can prescribe buprenorphine increases the number of available treatment openings to 24,000.

d. Has your state advanced coordination with other federal efforts for substance use disorder prevention? If yes, please describe how.

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) administers the majority of federal opioid funds. OhioMHAS coordinates prevention resources available through the State Targeted Response (STR) grant, the State Opiate Response (SOR), MAT -PDOA, and the Substance Abuse Prevention and Treatment Block Grant (SABG) block grant to local county alcohol, drug addiction, and mental health (ADAMH) boards. Ohio has 50 ADAMH boards that encompass all 88 Ohio counties, with ADAMH boards each having distinct opioid projects. The treatment, prevention, and recovery services provided by ADAMH boards are also funded by general revenue funds and local property taxes.

Ohio has capitalized on existing partnerships to advance the coordination of efforts related to substance use disorder prevention. In an effort to coordinate and partner internally, the Strategic Prevention Framework for Prescription Drug Prevention (SPF Rx) grant, aligned its priorities to the Strategic Prevention Framework Partnerships for Success grant to provide additional support to rural and Appalachian communities around prescription drug prevention. This work has resulted in the engagement of other state partners in the development of a strategic plan that included adopting the Ohio Department of Health's public health campaign "Take Charge Ohio" for the focus of this grant. This partnership has led to many of the resources developed through the SPF Rx grant being shared by the Take Charge Ohio campaign, most prominent the safe disposal site www.OhioRxDisposal.com. Federal funds have supported the development of sustainable youth-led prevention strategies and of local coalitions.

8. What additional resources would be most helpful to provide to communities struggling with opioid and other substance abuse disorders, including prevention and/or treatment options?

Earlier this year, Ohio Governor Mike DeWine's first action upon being sworn in was to sign the Executive Order that created RecoveryOhio. RecoveryOhio is based in and driven from the Governor's office and seeks to align all the state cabinet agencies, boards, and commissions to align resources and efforts to address both mental illness and addiction.

Shortly after was the formation of the RecoveryOhio Advisory Council with seats held by those persons in the communities that represented recovery, parents of people struggling with addiction, law enforcement, criminal justice, public health, private business, local mental health and addiction boards, and the faith-based community. The Council generated the RecoveryOhio Initial Report which encompasses over 75 recommendations for addressing the addiction and mental health epidemics in Ohio. Within the recommendations are the foundations for funding and implementation some of which are contained below, please see Appendix 2 to access the entire report.

In the 2019 budget Ohio Governor Mike DeWine committed $18 million to K-12 prevention to be incorporated into every grade, accessing every child. Despite this historical investment, districts and schools may receive $25,000 which will not be enough to build capacity and sustain an infrastructure of quality and age appropriate prevention for every child. Resources are needed to strengthen and expand this initiative including access to prevention curricula, recruitment, training, and credentialing of Certified Prevention Specialists, and universal tools to track and measure outcomes.

In the current climate of moving targets when addressing addiction, resources and funding need to be nimble and responsive. Despite the recent drop, the fact remains this epidemic is finding new ways to claim lives, this is reflected in the high rates of overdose death where a stimulant such as, cocaine or methamphetamines are listed as cause of death or drug of choice. Recent focus groups and interviews conducted in Ohio with persons struggling with addiction yielded information that people with substance use disorder are using stimulants in an effort to avoid a deadly overdose from fentanyl. Unfortunately, these people still fall victim to fatal overdose as no illicit drug is safe and fentanyl analogues continue to show up in all drugs. As such, those funds that are strictly earmarked for the treatment of those persons reporting an addiction to opiates cripples the state's ability to treat all addiction regardless of substance and deploy messaging and build collaboration around drugs that are laced with fentanyl. Below you will find preliminary data that reflect this shift.

Ohio Public Health Data Overview through 7/1/2019 (note that 2018 data has not been finalized):

- **From 2016 to 2017, there were substantial increases in the number of unintentional drug overdose deaths involving psychostimulants (e.g., methamphetamine) and cocaine. Fentanyl continues to drive those increases and was involved in approximately 70% of both psychostimulant and cocaine-related deaths.**
- **From 2016 to 2018, the number of unintentional drug overdose deaths involving psychostimulants increased by 142% from 233 deaths in 2016 to 564 deaths in 2018.**

- **Unlike cocaine-involved unintentional drug overdose deaths, drug overdose deaths involving psychostimulants have continued to increase with and without fentanyl involvement. From 2016 to 2018, unintentional drug overdose deaths involving a combination of fentanyl and psychostimulants increased by 224%, and psychostimulant-related deaths that did not involve fentanyl increased by 59%.**

Resources are also needed to assist providers across the continuum of care with developing the infrastructure to reduce wait times for individuals, increases access to services, improve system capacity, enhance quality, and support sustainability of previous and current investments across all funding sources.

Identifying access points at which we can intervene and disrupt a person's addiction pathway is crucial in terms of life and money saving strategies. Flexibility to engage with people who are struggling with addiction includes harm reduction based activities and programs including expanded access to naloxone and fentanyl test strips, and developing stability for law enforcement and first responder based quick response teams so that these teams can begin expanding strategies for intervention that go beyond opiates and into other drugs.

As we work to dismantle stigma and increase access to treatment, we expose a need for flexibility and resources to build and sustain recovery infrastructure this includes addressing recovery housing, family reunification, transportation, and workforce investments and restricting.

Additionally, resources are needed to assure that providers have a level of core competencies to achieve these outcomes well into the future. These core competencies include, among others: practice management; outcomes & performance measurement; strategic business process alignment; negotiating contracts & rates; revenue cycle management; patient & population management; information technology and telehealth.

Project	Grantee/Contractor/County	County Board	CURES Fundine Descriotion	Proeram Tvoe	Subcontractors	CURES Y1 Award	CURES Y1 Soent	CURES Y2 Award	CURES Y2 Soent	CURES Carryover Award	CURES Carryover Soent	Total Soent
ASAM Criteria Training	Train for Change	n/a	32 ASAM Criteria trainings, CMES, and ASAM books	Workforce Development	The Change Companies (book	$ 146,750.00	$146,750.00	$146,750.00	$146,750.00	$113,460.00	$113,460.00	$406,960.00
ASAM Criteria Books	The Change Companies	n/a	480 ASAM Criteria Books + Shipping	Workforce Development	N/A	N/A	N/A	N/A	N/A	$34,633.20	$34,633.20	$34,633.20
Opiate MAT ECHO	NeoMED	n/a	96 one hour ECHO sessions	Workforce Development	N/A	$ 149,828.00	$126,073.34	$135,803.00	$99,588.37	N/A	N/A	$225,661.71
CJ MAT Symposia	Moore Counseling and Mediation Services	n/a	30 Criminal Justice MAT trainings	Workforce Development	N/A	$ 48,697.00	$48,697.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$148,697.00
Online Curricula	Health Services Advisory Group (HSAG)	n/a	Development of 23. one hour online curricula courses	Workforce Development	ExpandShare	$ 316.674.00	$169.044.32	$600.981.94	$595.150.96	N/A	N/A	$764.195.28
DATA 2000 Waiver Training Advertising	WebMD	n/a	1,411,764 banner ad impressions via Medscape	Workforce Development	N/A	$ 74,999.97	$74,999.97	$74,999.97	$74,999.97	N/A	N/A	$150,000.00
Emergency Department (ED) Case Managers	Coshocton Regional Medical Center	n/a	Care coordination for OUD patients that come into the ED	Treatment and Recovery	N/A	$ 60,000.00	$60,000.00	N/A	N/A	N/A	N/A	$60,000.00
	MetroHealth System	n/a	Care coordination for OUD patients that come into the ED	Treatment and Recovery	N/A	$ 60,000.00	$50,108.55	$60,000.00	$60,000.00	N/A	N/A	$110,108.55
	Summa Health	n/a	Care coordination for OUD patients that come into the ED	Treatment and Recovery	N/A	$ 60,000.00	$7,155.40	$60,000.00	$60,000.00	N/A	N/A	$67,155.40
	University of Toledo Medical Center	n/a	Care coordination for OUD patients that come into the ED	Treatment and Recovery	N/A	N/A	N/A	$60,000.00	$20,996.79	N/A	N/A	$20.996.79
	Adena Regional Medical Center	n/a	Care coordination for OUD patients that come into the ED	Treatment and Recovery	N/A	N/A	N/A	$59,958.00	$14,866.87	N/A	N/A	$14,866.87
	Good Samaritan Hospital	n/a	Care coordination for OUD patients that come into the ED	Treatment and Recovery	N/A	N/A	N/A	$60,000.00	$44,840.00	N/A	N/A	$44,840.00
Guidelines for MAT Transition of Care	SummaHealth	n/a	Development of guidelines for providing services and transitioning care of patients with SUD	Workforce Development	Brightview Health	N/A	N/A	$300,000.00	$219,256.50	N/A	N/A	$219,256.50
OhioSTART	Institute of Human Services	n/a	Training and technical assistance on the OhioSTART Model to OhioSTART funded counties	Workforce Development	Institute of Human Services	$ 250,000.00	$250,000.00	$220,000.00	$219,718.35	N/A	N/A	$469,718.35
Sequential Intercept Mapping (SIM) Workshops	NEOMED	n/a	9 SIM Workshops in the following counties: Logan, Hamilton, Wayne, Clark, Erie, Ottawa, Summit, Lorain,	Treatment and Recovery	N/A	$ 175,000.00	$175,000.00	$175,000.00	$130,345.48	N/A	N/A	$305,345.48
SIM Implementation	Lorain Co ADAS Board	n/a	Recovery Employment Specialist and provide training to increase recovery friendly employers	Treatment and Recovery	N/A	N/A	N/A	$35,000.00	$35,000.00	N/A	N/A	$35,000.00
	Summit Co ADAMHS Board	n/a	Develop a comprehensive report of addiction treatment data in Summit County	Research	United Way	N/A	N/A	$35,000.00	$35,000.00	N/A	N/A	$35,000.00
	Paint Valley ADAMHS Board (Ross Co)	n/a	Disseminate HOPE (Heroin and Opioid Prevention and Education) packets and offer transportation services	Treatment and Recovery	Hope Parntership Project	N/A	N/A	$35,000.00	$35,000.00	N/A	N/A	$35,000.00
	Wayne-Holmes Co ADAMHS Board (Wayne Co)	n/a	24 hour on-call services for consultation, referral, and assessment for SUD treatment.	Treatment and Recovery	OneEighty	N/A	N/A	$35,000.00	$33,413.94	N/A	N/A	$33,413.94
	Hamilton Co ADAMHS Board	n/a	Update prevention based resources for the faith community and offer a Building Prevention with Faith	Prevention	Prevention First	N/A	N/A	$35,000.00	$35,000.00	N/A	N/A	$35,000.00
Prevention Evidence Based Practices	Alcohol and Drug Addiction Services of Lorain County	n/a	Lifeskills Expansion	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	Alcoholism Council of Butler County Ohio Inc./ Envision	n/a	PAX Good Behavior Game Expansion	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	Beavercreek City Schools	n/a	PAX Good Behavior Game	Prevention	N/A	$ 30,000.00	$19,387.45	$30,000.00	$24,067.86	N/A	N/A	$43,455.31
	Big Brothers and Sisters of Butler County	n/a	Expansion of EBP - One-to-One Mentoring	Prevention	N/A	$ 22,152.00	$22,152.00	$22,152.00	$22,152.00	N/A	N/A	$44,304.00
	Bryan City Schools	n/a	Expansion of PAX AND PBIS	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$29,976.00	N/A	N/A	$59,976.00
	Clermont County Mental Health and Recovery Services Board	n/a	Expansion of Botvin LifeSkills Trainine Proerammine	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	Coalition for a Drug Free Greater Cincinnati/Prevention First	n/a	SBIRT in Schools	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	CommQuest Services Inc.	n/a	Substance use prevention	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	Community Drug Board Inc DBA Community Health Center	n/a	Too Good For Drugs	Prevention	N/A	$ 29,997.00	$29,997.00	$29,997.00	$14,144.85	N/A	N/A	$44,141.85
	Community MH Centers/Solutions Community Counseling and Recovery Centers	n/a	Distribution of Deterra Bags	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	Compass Family and Community Services- Warren	n/a	Strenethening Families Proeram	Prevention	N/A	$ 30,000.00	$2,999.97	$26,114.12	$25,406.93	N/A	N/A	$28,406.90
	Dayton UMADAOP	n/a	Youth-Led Prevention	Prevention	N/A	$ 29,940.80	$29,940.79	$29,940.80	$29,940.80	N/A	N/A	$59,881.59
	Dayton UMADAOP	n/a	Keeping it Real programming	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	Geauga County Education Service Center	n/a	Youth-Led Prevention	Prevention	N/A	$ 30,000.00	$29,110.81	$30,000.00	$30,000.00	N/A	N/A	$59,110.81
	Impact Prevention	n/a	LifeSkills	Prevention	N/A	$ 30,000.00	$29,993.82	$30,000.00	$30,000.00	N/A	N/A	$59,993.82
	Knox County Head Start, Inc.	n/a	Triple P Programming	Prevention	N/A	$ 29,526.00	$29,378.00	$29,526.00	$29,526.00	N/A	N/A	$58,904.00
	Logan/Champaign MHDAS	n/a	Drug Free Youth Coalition Training	Prevention	N/A	$ 11,000.00	$9,137.18	$11,000.00	10,999.50!!	N/A	N/A	$9,137.18
	Mansfield UMADAOP	n/a	Young Leaders Of Today and Tomorrow, All Stars Programming Extension	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	Marion-Crawford Prevention Programs	n/a	Youth Led Prevention	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	Northwest Ohio Educational Service Center	n/a	PAX Good Behavior Game Expansion	Prevention	N/A	$ 30,000.00	$20,277.09	$30,000.00	$30,000.00	N/A	N/A	$50,277.09
	Ohio University	n/a	Creating Lasting Family Connections (CLFC)	Prevention	N/A	$ 30,000.00	$29,885.91	$30,000.00	$29,999.80	N/A	N/A	$59,885.71
	Ohio University	n/a	Youth-Led Proerammine	Prevention	N/A	$ 30.000.00	29.999.88!!	$30.000.00	$29.999.77	N/A	N/A	$29.999.77
	OhioGuidestone	n/a	Youth Led Prevention	Prevention	N/A	$ 17,500.00	$17,500.00	N/A	N/A	N/A	N/A	$17,500.00
	Perry Behavioral Health Choices, Inc.	n/a	Substance use prevention	Prevention	N/A	$ 8,150.76	$8,150.76	$8,011.00	$8,011.00	N/A	N/A	$16,161.76
	Personal and Family Counseling of Tusc. Valley Inc.	n/a	Tuscarawas County LifeSkills Training Program	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	Personal and Family Counseling of Tusc. Valley Inc.	n/a	Distribution of Deterra Bags	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	Pickaway Area Recovery Services	n/a	Expansion of Prevention EBP in Teavs Valley Local Schools	Prevention	N/A	$ 30.000.00	$30.000.00	$30.000.00	$30.000.00	N/A	N/A	$60.000.00
	Sandusky County Health Dept	n/a	Substance use prevention	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	Summit Co Partnership, Inc.	n/a	The Deterra Project: Preventing Prescription Drug Abuse	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	The Research Institute at Nationwide Children's Hospital	n/a	Expansion of PAX Good Behavior Game in Columbus City Schools	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$30,000.00	N/A	N/A	$60,000.00
	Twinsburg Board of Education	n/a	Expansion of Prevention-Based Practices: Positive Behavioral Intervention	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	$29,899.33	N/A	N/A	$59,899.33
	Union County ADAMHS Board	n/a						$150,000.00	$150,000.00	N/A	N/A	$150,000.00
	Unison Behavioral Health Group	n/a	School Based Prevention Program	Prevention	N/A	$ 30,000.00	$30,000.00	$30,000.00	18,000.00!!	N/A	N/A	$30,000.00
Community Collective Impact	Lorain Co ADAS Board	n/a	Collective Impact Backbone Organization	Prevention	N/A	$ 20,000.00	$20,000.00	$80,000.00	$10,000.00	N/A	N/A	$30,000.00
	Community Action Organization of Scioto County, Inc.	n/a	Collective Impact Backbone Organization	Prevention	N/A	N/A	N/A	$17,755.00	$4,907.10	N/A	N/A	$4,907.10
	Ashtabula Co ADAMHS Baord	n/a	Collective Impact Backbone Organization	Prevention	N/A	$ 20,000.00	$20,000.00	$40,000.00	$40,000.00	N/A	N/A	$60,000.00
	Clark-Green-Madison ADAMHS Board	n/a	Collective Impact Backbone Organization	Prevention	N/A	$ 20,000.00	$20,000.00	$80,000.00	$75,000.00	N/A	N/A	$95,000.00
	Clermont Co ADAMHS Board	n/a	Collective Impact Backbone Oreanization	Prevention	N/A	N/A	N/A	$80.000.00	$80.000.00	N/A	N/A	$80.000.00
	Columbiana Co ADAMHS Board	n/a	Collective Impact Backbone Organization	Prevention	N/A	N/A	N/A	$20,000.00	$20,000.00	N/A	N/A	$20,000.00
	Fairfield Co ADAMHS Board	n/a	Collective Impact Backbone Organization	Prevention	N/A	$ 20,000.00	$20,000.00	$80,000.00	$80,000.00	N/A	N/A	$100,000.00
	Huron Co ADAMHS Board	n/a	Collective Impact Backbone Organization	Prevention	N/A	$ 20,000.00	$20,000.00	$20,000.00	$20,000.00	N/A	N/A	$40,000.00
	Impact Prevention (Lawrence Co)	n/a	Collective Impact Backbone Organization	Prevention	N/A	$ 20,000.00	$20,000.00	$74,903.85	$74,903.85	N/A	N/A	$94,903.85
	Logan/Champaign ADAMHS Board	n/a	Collective Impact Backbone Oreanization	Prevention	N/A	N/A	N/A	$20,000.00	$20,000.00	N/A	N/A	$20,000.00
	Lucas Co ADAMHS Board	n/a	Collective Impact Backbone Organization	Prevention	N/A	N/A	N/A	$20,000.00	$18,351.58	N/A	N/A	$18,351.58
	Marion-Crawford Prevention Programs	n/a	Collective Impact Backbone Organization	Prevention	N/A	$ 20,000.00	$20,000.00	$80,000.00	$80,000.00	N/A	N/A	$100,000.00
	Ohio Heartland Community Action	n/a	Collective Impact Backbone Organization	Prevention	N/A	N/A	N/A	$80,000.00	$80,000.00	N/A	N/A	$80,000.00
	Partnership for Violent (Augalize Co)	n/a	Collective Impact Backbone Organization	Prevention	N/A	N/A	N/A	$20,000.00	$20,000.00	N/A	N/A	$20,000.00
	Prevention Action Alliance	n/a	Collective Impact Backbone Organization	Prevention	N/A	N/A	N/A	$54,871.00	$54,871.00	N/A	N/A	$54,871.00
	Seneca, Sandusky, Wyandot ADAMHS Board	n/a	Collective Impact Backbone Organization	Prevention	N/A	N/A	N/A	$20,000.00	$20,000.00	N/A	N/A	$20,000.00
	Warren & Clinton Co ADAMHS Board	n/a	Collective Impact Backbone Organization	Prevention	N/A	$ 20,000.00	$20,000.00	$30,000.00	$26,781.00	N/A	N/A	$46,781.00
	Wayne Holmes Co ADAMHS Board	n/a	Collective Impact Backbone Organization	Prevention	N/A	$ 20,000.00	$20,000.00	$80,000.00	$80,000.00	N/A	N/A	$100,000.00
	Drug and Alcohol Awareness and Prevention of Morrow County	n/a	Collective Impact Backbone Organization	Prevention	N/A	$ 20,000.00	$20,000.00	N/A	N/A	N/A	N/A	$20,000.00
	Zanesville-Muskingum Health Department	n/a	Collective Impact Backbone Oreanization	Prevention	N/A	$ 20.000.00	$20.000.00	$20.000.00	$20.000.00	N/A	N/A	$40.000.00
Statewide Collective Impact	Ohio University	n/a	Collective Impact Facilitator/TA Provider	Prevention	N/A	$ 500,000.00	$428,620.82	$800,000.00	$799,423.82	N/A	N/A	$1,228,044.64
MOMS (Maternal Oplate Medical Supports)	Hamilton County - Crossroads Center	n/a	Develop and implement a maternal care home.	Treatment and Recovery	N/A	$ 150,000.00	$130,906.00	$175,000.00	$175,000.00			$305,906.00
	Stark County - CommQuest	n/a	Develop and implement a maternal care home.	Treatment and Recovery	N/A	$ 221,000.00	$19,630.00	$175,000.00	$133,867.13			$153,497.13
	Mahoning County - Meridian HealthCare	n/a	Develop and implement a maternal care home.	Treatment and Recovery	N/A	$ 200.000.00	$200.000.00	$175.000.00	$174.603.50			$374.603.50
	Athens County - Health Recovery Services	n/a	Develop and implement a maternal care home.	Treatment and Recovery	N/A	$ 150,000.00	$150,000.00	$175,000.00	$175,000.00			$325,000.00
	Lucas County - Zepf Center	n/a	Develop and implement a maternal care home.	Treatment and Recovery	N/A	$ 150,000.00	$150,000.00	$175,000.00	$137,020.56			$287,020.56
	Franklin County - CompDrug	n/a	MOMS trainer plus curriculum development	Treatment and Recovery	N/A	$ 117,000.00	$35,471.65					$35,471.65
	Franklin County - CompDrug	n/a	Develop and implement a maternal care home.	Treatment and Recovery	N/A	$ -	$0.00	$175,000.00	$67,956.63			$67,956.63
	Hamilton County - eXclusive Services	n/a	Develop and implement a maternal care home.	Treatment and Recovery	N/A	$ -	$0.00	$175,000.00	$175,000.00			$175,000.00
	Richland County - Mansfield UMADAOP	n/a	Provide learning community, live trainings, TA calls and site visits to support MOMS sites.	Treatment and Recovery	N/A	$ -	$0.00	$85,000.00	$64,000.00			$64,000.00
	Summit County - CHC Addiction Services	n/a	Develop and implement a maternal care home.	Treatment and Recovery	N/A			$175,000.00	$175,000.00			$175,000.00
Residency Waiver Trainer	Franklin County - Nationwide Children's Hospital	n/a	Two waivered physicians become independent waiver trainers for their residency programs.		N/A			$15,000.00	$14,985.29			$14,985.29
	Franklin County - Ohio State University	n/a						$15,000.00	$14,999.00			$14,999.00
	Summit County - Summa Health	n/a						$15,000.00	$13,012.37			$13,012.37
	Cuyahoga County - Case Western Reserve	n/a						$15,000.00	$15,000.00			$15,000.00

	Cuyahoga County - Metro Health System	n/a						$15,000.00	$15,000.00			$15,000.00
	Fairfield County - Fairfield Medical Center	n/a						$15,000.00	$15,000.00			$15,000.00
DEA Waiver Training	American Society of Addiction Medicine	n/a	Train physicians and other relevant medical providers to become trained in providing MAT to patients		N/A	$ 998,336.74	$998,336.74	$290,386.03	$286,575.43			$1,284,912.17
Telehealth HUB	Bright Heart Health	n/a	Establish 5 telehealth hubs and provide MAT, case management and BH.		N/A	$ 287,000.00	$75,863.00	$121,000.00	$121,000.00			$196,863.00
MOMS Curriculum (Maternal Opiate Medical Supports)	Health Services Advisory Group (HSAG)	n/a	Development of written curriculum for the MOMS program.		N/A			$72,267.00	$72,267.00			$72,267.00
Psychosocial Supports Academy	Hazelden Betty Ford Foundation	n/a	Live and virtual training with follow-up mentoring for BH providers on EBP for OUD.					$300,000.00				
Waiver Event Planner	Garrison & Associates	n/a	Event planning and reimbursements for waiver trainings					$1,150,000.00				
Recovery Housing	Recovery Housing Training	n/a	Recovery operator house and peer supporter training on MAT and stigma.					$42,736.00	$42,736.00			$42,736.00
County Projects	Adams, Lawrence & Scioto-The Counseling Center, Huges Re-entry	ADAMHS Board of **Adams, Lawrence & Scioto** Counties	MAT	Treatment and Recovery	Adams, Lawrence & Scioto-The Counseling Center, Huges Re-entry	$ 180,000.00	$180,000.00	$345,839.00	$345,839.00			$525,839.00
	Ashland-Ashland County Jail	ASHLAND COUNTY ADAMHS BOARD		Treatment and Recovery	Ashland-Ashland County Jail	N/A	N/A	$65,172.00	$65,172.00			$65,172.00
	Ashtabula-Ashtabula County Jail, Communkty Counseling Center	ASHTABULA COUNTY ADAMHS BOARD	MAT-Criminal Justice, Outpatient	Treatment and Recovery	Ashtabula-Ashtabula County Jail, Communkty Counseling Center	$ 125,000.00	$125,000.00	$ 156,203.00	$149,203.00			$274,203.00
	ATHENS-HOCKING-VINTON -Hopewell Health and Recovery Centers	ATHENS-HOCKING-VINTON ADAMHS BOARD	MAT-Criminal Justice, Outpatient	Treatment and Recovery	ATHENS-HOCKING-VINTON -Hopewell Health and Recovery Centers	$ 255,800.00	$127,900.00	$ 427,196.00	$ 427,004.00			$554,904.00
	BELMONT-HARRISON-MONROE-Oriana House, Life and Purpose Behavioral Health, Hopewell Health Center	BELMONT-HARRISON-MONROE ADAMHS BOARD	Pre/post Natal MAT, Criminal Justice-MAT, QRT	Treatment and Recovery	BELMONT-HARRISON-MONROE-Oriana House, Life and Purpose Behavioral Health, Hopewell Health Center	N/A	N/A	$ 240,000.00	$185,000			$185,000.00
	BROWN COUNTY -Talbert House, Beckett Springs Center for Addiction Treatment	BROWN COUNTY ADAMHS BOARD	Community based, QRT, Peer Supporters	Treatment and Recovery	BROWN COUNTY -Talbert House, Beckett Springs Center for Addiction Treatment	$ 170,000.00	$123,500.00	$ 145,000.00	$ 145,000.00			$268,500.00
	BUTLER COUNTY-Access Counseling Services, Butler Behavioral Health, Re-entry Community Behavioral Health, Beckett Sprins Center for Addition Treatment Mondern Psychiatry and Wellness, Butler County Juvenile Court, Sojourner Recovery Services	BUTLER COUNTY ADAMHS BOARD	MAT-Criminal Justice, QRT, Peer Supporters, Community Based Outpatient	Treatment and Recovery	BUTLER COUNTY-Access Counseling Services, Butler Behavioral Health, Re-entry Community Behavioral Health, Beckett Sprins Center for Addition Treatment Mondern Psychiatry and Wellness, Butler County Juvenile Court, Sojourner Recovery Services	$ 660,000.00	$330,000.00	$1,031,476.41	$ 827,593.86			$1,157,593.86
	CLARK GREENE MADISON - Madison County Court of Common Pleas, Greene County Jails and Emergency Departments	CLARK GREENE MADISON ADAMHS BOARD	MAT-Criminal Justice, QRT, Overdose Respite Services	Treatment and Recovery	CLARK GREENE MADISON - Madison County Court of Common Pleas, Greene County Jails and Emergency Departments	$ 640,000.00	$640,000.00	$ 586,651.00	$561,509			$1,201,509.00
	CLERMONT -Clermont County Community Alternative Sentencing Center	CLERMONT COUNTY ADAMHS BOARD	Residiential, Peer Supporters	Treatment and Recovery	CLERMONT - Clermont County Community Alternative Sentencing Center	$ 440,778.00	$440,778.00	$ 497,565.29	$ 497,565.00			$938,343.00
	COLUMBIANA -The Counseling Center, Columbiana County Municipal Court Drug Court, Easten Ohio Correction Center, Family Recovery Center, CIMM Quest/Neil Kennedy	COLUMBIANA COUNTY ADAMHS BOARD	MAT-Criminal Justice, Peer Supporters, Residential	Treatment and Recovery	COLUMBIANA - The Counseling Center, Columbiana County Municipal Court Drug Court, Easten Ohio Correction Center, Family Recovery Center, CIMM Quest/Neil Kennedy	$ 45,000.00	$0.00	$ 176,433.00	$ 176,433.00			$176,433.00
	CUYAHOGA -Visiting Nurse Association, Ascent, Cleveland Treatment Center, St. Augustine Unit, Matt Talbot for Men Parma Campus, Community Action against Addiction, I'm in Transition, Moore Counseling and Mediation Service, Moore Counseling and Mediation Service, Woodrow Project	CUYAHOGA COUNTY ADAMHS BOARD	QRT, Peer Supporters, Residential, MAT, Community Based	Treatment and Recovery	CUYAHOGA - Visiting Nurse Association, Ascent, Cleveland Treatment Center, St. Augustine Unit, Matt Talbot for Men Parma Campus, Community Action against Addiction, I'm in Transition, Moore Counseling and Mediation Service, Moore Counseling and Mediation Service, Woodrow Project	$ 2,125,000.00	$1,430,798.67	$1,594,973.00	$1,531,077.42			$2,961,876.09
	ERIE-OTTAWA-Bayshore Counseling Services, Sandusky Artisans Recovery Community Center	ERIE-OTTAWA ADAMHS BOARD	Criminal Justice-Peer Supporters	Treatment and Recovery	ERIE-OTTAWA-Bayshore Counseling Services, Sandusky Artisans Recovery Community Center	$ 328,000.00	$164,100.00	$ 216,318.00	$ 108,159.00			$272,259.00
	FRANKLIN -Maryhaven Addiction Stabilization Center, Southeast, Inc	FRANKLIN COUNTY ADAMHS BOARD	Outpatient, QRT	Treatment and Recovery	FRANKLIN - Maryhaven Addiction Stabilization Center, Southeast, Inc	$ 1,900,000.00	$1,900,000.00	$1,331,835.00	##########			$3,231,835.00
	Four County Board of ADAMHS of Williams, Fulton, Defiance,	Four County Board of ADAMHS of Williams, Fulton, Defiance, and Henry Counties		Treatment and		N/A	N/A	$ 285,000.00	$ 285,000.00			
	GALLIA-JACKSON-MEIGS-Hopewell Health Center	GALLIA-JACKSON-MEIGS ADAMHS BOARD	QRT	Treatment and Recovery	GALLIA-JACKSON-MEIGS-Hopewell Health Center	$ 85,000.00	$42,500.00	$ 335,986.00	$ 335,986.00			$378,486.00
	GEAUGA -Lake-Geauga Recovery Center, Ravenwood Health	GEAUGA COUNTY ADAMHS BOARD	MAT	Treatment and Recovery	GEAUGA -Lake-Geauga Recovery Center, Ravenwood Health	N/A	N/A	$ 110,688.00	$ 110,686.24			$110,686.24
	HAMILTON-The Engagement Center	HAMILTON COUNTY ADAMHS BOARD	QRT. MAT. Peer Supporters. Outpatient	Treatment and Recovery	HAMILTON-The Engagement Center	$ 2,370,220.00	$2,370,220.00	$2,397,615.00	##########			$4,767,835.00
	HANCOCK - Century Health	HANCOCK COUNTY ADAMHS BOARD	QRT, Residential	Treatment and Recovery	HANCOCK - Century Health	N/A	N/A	$ 182,678.00	$182,678			$182,678.00
	HURON -Huron County Peer Recovery Community Center	HURON ADAMHS BOARD	Housing	Treatment and Recovery	HURON -Huron County Peer Recovery Community Center	N/A	N/A	$ 120,802.00	$ 120,802.00			$120,802.00
	JEFFERSON -Family Recovery Center, Eastern Ohio Correctional Center	JEFFERSON COUNTY ADAMHS BOARD	Criminal Justice-MAT	Treatment and Recovery	JEFFERSON - Family Recovery Center, Eastern Ohio Correctional Center	$ 187,480.00	$87,990.00	$ 141,031.00	$ 123,762.10			$211,752.10
	LAKE -Signature Health, Lake-Geauga Recovery, Windor, Laurelwood	LAKE COUNTY ADAMHS BOARD	QRT	Treatment and Recovery	LAKE -Signature Health, Lake-Geauga Recovery, Windor, Laurelwood	$ 314,000.00	$314,000.00	$ 297,808.00	$ 297,808.00			$611,808.00
	LOGAN/CHAMPAIGN-ASCENT, Consolidated Care, Health Department	LOGAN/CHAMPAIGN ADAMHS BOARD	Peer Supporters, MAT	Treatment and Recovery	LOGAN/CHAMPAIGN-ASCENT, Consolidated Care, Health Department	**N/A**	N/A	$ 170,801.05	$ 70,418.50			$70,418.50

	LORAIN-Detox Stella Maris, Warm Hand-off-Let's Get Real; Mercy Regional Medical Center; Mercy Allen Hospital; Cleveland Clinic Avon + Peer Support, Lorain County Municipal Police Dpt.; Sheriff's Dp	LORAIN COUNTY MHARS BOARD - Oberlin Avenue Site	QRT, Criminal Justice-MAT	Treatment and Recovery	Stella Maris, Warm Hand-off-Let's Get Real; Mercy Regional Medical Center; Mercy Allen	$ 588,000.00	$403,800.00	$ 468,896.00	$ 196,948.00			$600,748.00
	LUCAS -A Renewed Mind, Harbor Behavioral Helath, New Concepts, Unison Health Zepf Center UMAADAOP, Lucas TASC of Northwest	LUCAS COUNTY ADAMHS BOARD	Criminal Justice-MAT, QRT, Residential, Peer Supporters	Treatment and Recovery	Renewed Mind, Harbor Behavioral Helath, New Concepts, Unison Health Zepf Center	$ 389,000.00	$389,000.00	$ 791,613.00	$ 791,613.00			$1,180,613.00
	MAHONING -Mercy Health	MAHONING COUNTY ADAMHS BOARD	Peer Supporters	Treatment and Recovery	MAHONING - Mercy Health	$ 140,000.00	$140,000.00	$ 146,000.00	$ 146,000.00			$286,000.00
	MARION CRAWFORD -Marion County Children's Services, Maryhaven, Marion Area Counseling Center, Crawfor-Marion Jail/CBCF	MARION CRAWFORD ADAMHS BOARD	Marion County Children's Services, Maryhaven, Marion Area Counseling Center, Jail	Treatment and Recovery	MARION CRAWFORD - Marion County Children's Services, Maryhaven, Marion Area Counseling Center, Crawfor-Marion Jail/CBCF	$ 120,000.00	$90,000.00	$ 240,000.00	$ 206,853.00			$296,853.00
	MONTGOMERY-Primary Care, Droug Court	MONTGOMERY COUNTY ADAMHS BOARD	MAT-Criminal Justice, Community Based Housing, QRT	Treatment and Recovery	MONTGOMERY-Primary Care, Droug Court	$ 670,000.00	$670,000.00	$1,370,604.00	$ 649,690.97			$1,319,690.97
	MUSKINGUM -Guernsey and Muskingum Health Departments	MUSKINGUM AREA ADAMHS BOARD	Pre-post natal, MAT	Treatment and Recovery	MUSKINGUM - Guernsey and Muskingum Health Departments	$ 140,000.00	$140,000.00	$ 222,489.20	$188,091.14			$328,091.14
	PAINT VALLEY-Family Recovery Services, Lynn Goff Clinic	Fayette-Highland-Pickaway-Pike-Ross ADAMHS BOARD	Outpatient, Residiental	Treatment and Recovery	PAINT VALLEY-Family Recovery Services, Lynn Goff Clinic	$ 292,059.00	$292,060.00	$ 573,667.28	$ 361,633.94			$653,693.94
	PREBLE-Sojourner Recovery Services	PREBLE COUNTY ADAMHS BOARD	Pre-post natal, Outpatient	Treatment and Recovery	PREBLE-Sojourner Recovery Services	$ 155,000.00	$77,500.00	$ 110,573.00	$ 29,712.00			$107,212.00
	PUTNAM -Pathways Counseling; Putnam County Common Pleas Court	PUTNAM COUNTY ADAMHS BOARD	Criminal Justice-MAT	Treatment and Recovery	PUTNAM - Pathways Counseling; Putnam County Common Pleas Court	N/A	N/A	$ 65,172.00	$ 65,172.00			$65,172.00
	Stark -Summit Psychological Associates, Aultman Hospital, Alliance Community Hospital, Stark Common Pleas Court, Sheriff's Office, Crisi Intervention and Recovery Center	Stark County Mental Health & Addiction Recovery	MAT, Peer Supporters, Kinship	Treatment and Recovery	Stark -Summit Psychological Associates, Aultman Hospital, Alliance Community Hospital, Stark Common Pleas Court, Sheriff's Office, Crisi Intervention and Recovery Center	$ 615,503.00	$399,056.00	$ 420,903.00	$ 336,099.00			$735,155.00
	SUMMIT-IBH Recovery, ADM Addiction Helpline, Community Health Center, Vantage Aging, ARC Recovery Serivces, Truly Reaching You	SUMMIT COUNTY ADAMHS BOARD	MAT, Peer Spporters, QRT, Per/Post natal	Treatment and Recovery	SUMMIT-IBH Recovery, ADM Addiction Helpline, Community Health Center, Vantage Aging, ARC Recovery Serivces, Truly Reaching You	$ 652.280.00	$331.467.00	$ 666.991.00	$ 666.991.00			$998.458.00
	TRUMBULL -Meridian Health Care, Glenbeigh	TRUMBULL COUNTY ADAMHS BOARD	Criminal Justice MAT; Outpatient, Residential	Treatment and Recovery	TRUMBULL - Meridian Health Care, Glenbeigh	$ 625,000.00	$625,000.00	$ 358,401.80	$ 358,401.80			$983,401.80
	TUSCARAWAS AND CARROLL -Community HUB Project, Access Tusc., CommQuest	TUSCARAWAS AND CARROLL COUNTIES ADAMHS BOARD	Housing, Per/post-Natal, MAT	Treatment and Recovery	TUSCARAWAS AND CARROLL - Community HUB Project, Access Tusc., CommQuest	**N/A**	N/A	$ 155,630.31	$ 146,762.75			$146,762.75
	UNION COUNTY -Wings Recovery and Support Center	UNION COUNTY ADAMHS BOARD	QRT	Treatment and Recovery	UNION COUNTY - Wings Recovery and Support Center	N/A	N/A	$ 187,023.00	$ 136,776.16			$136,776.16
	VAN WERT-MERCER-PAULDING-Foundations Behavioral Health, Family Health Care of Northwest Ohio, Westwood Behavioral Health Center, Recovery Services of Northwest Ohio	VAN WERT-MERCER-PAULDING ADAMHS BOARD	Kinship, Community Based, MAT, Resitential, Criminal Justice	Treatment and Recovery	VAN WERT-MERCER-PAULDING-Foundations Behavioral Health, Family Health Care of Northwest Ohio, Westwood Behavioral Health Center, Recovery Services of Northwest Ohio	N/A	N/A	$ 190,458.00	$ 190,458.00			$190,458.00
	WARREN & CLINTON -Mental Health of America of SW Oh/Northern Ky., Solutions Community Counseling and Recvery Centers, Talber House, Sojourner, CAT, Nova Behavioral	WARREN & CLINTON COUNTIES ADAMHS BOARD	Peer Supporters, Community Based Kinship MAT	Treatment and Recovery	WARREN & CLINTON -Mental Health of America of SW Oh/Northern Ky., Solutions Community Counseling and Recvery Centers, Talber House, Sojourner, CAT, Nova Behavioral	$ 522.034.00	$522.034.00	$ 377.980.00	$ 336.635.97			$858.669.97
	WASHINGTON -Oriana House, Life and Purpose Behavioral Health, Hopewell Health Center	WASHINGTON COUNTY ADAMHS BOARD	Residential	Treatment and Recovery	WASHINGTON - Oriana House, Life and Purpose Behavioral Health, Hopewell Health Center	N/A	N/A	$ 95,516.00	$ 95,516.00			$95,516.00
	WAYNE AND HOLMES -OneEighty, Anazao Community Partners	WAYNE AND HOLMES COUNTIES ADAMHS BOARD	MAT, Peer Spporters, Community based treatment	Treatment and Recovery	WAYNE AND HOLMES - OneEighty, Anazao Community Partners	N/A	N/A	$ 288.127.00	$ 240.538.48			$240.538.48
	WOOD -A Renewed Mind, ARC-Addication Respons Collaborative, Wood County Common Pleas	WOOD COUNTY ADAMHS BOARD	Criminal Justice MAT; Training for 1st Responders, QRT	Treatment and Recovery	WOOD -A Renewed Mind, ARC-Addication Respons Collaborative, Wood County Common Pleas	N/A	N/A	$ 179,075.00	$ 71,401.00			$71,401.00
Prevention	Lamar Transit LLC	n/a	Prevention messaging	Prevention		N/A	N/A	$ 5,135.00	$2,635.00			
	ADSPOSURE	n/a	Prevention messaging	Prevention		N/A	N/A	1,237.50	1,237.50			
Training	DOCEBO NA INC	n/a	Online Training Support	Trainine		N/A	N/A	9,030.00	9,030.00			
Community Trauma Prevention	Prevention Institute	n/a	Education on community trauma provided to collective impact communities	Prevention	n/a	$ 300,000.00	$299,820.00	$100,000.00	$100,000.00			
Prevention Evidence Based Practices	PAXIS INSTITUTE INC	n/a	Prevention evidence based practice training	Prevention		$ 2,500,000.00	$2,500,000.00	2500000	2500000			
CURES Evaluation	CELIA WILLIAMSON	n/a	OSAM CURES Evaluation	Evaluation		$ 8,000.00	$8,000.00					
	Mighty Crow Media LLC	n/a	OSAM CURES Evaluation	Evaluation		8000	7490.19	$ 19,000.00	$17,930.18			
	LOUIS GUARDIOLA JR	n/a	OSAM CURES Evaluation	Evaluation		N/A	N/A	$ 19,000.00	$6,780.00			
	DIVERSIFIED DATA LLC	n/a	OSAM CURES Evaluation	Evaluation		$ 8,000.00	$ 7,242.00	$ 16,000.00	$15,120.36			
	TAYLOR CONSULTING SERVICES LLC	n/a	OSAM CURES Evaluation	Evaluation		$ 8,000.00	$ 8,000.00	$ 19,000.00	$18,452.07			
	JENNIFER TULLI	n/a	OSAM CURES Evaluation	Evaluation		N/A	N/A	$ 9,500.00	$ 8,604.36			
	CYBERVATION INC	n/a	OSAM CURES Evaluation	Evaluation		N/A	N/A	$ 12,960.00	$ 7,005.00			
TOTALS						$22.800.706.27	$19.521.823.43	$28.951.205.55	############			$35.013.263.76

Project	Grantee/Contractor	CURES Funding Description	CURES No Cost Extension Award	Total Spent
CURES Advertising	WebMD	705,882 banner ad impressions via Medscape	$74,999.97	Still Spending
Emergency Department (ED) Case Managers	MetroHealth System	Care coordination for OUD patients that come into the ED	$51,938.00	Still Spending
	Summa Health	Care coordination for OUD patients that come into the ED	$51,938.00	Still Spending
	University of Toledo Medical Center	Care coordination for OUD patients that come into the ED	$60,000.00	Still Spending
	Adena Regional Medical Center	Care coordination for OUD patients that come into the ED	$59,958.00	Still Spending
	Good Samaritan Hospital	Care coordination for OUD patients that come into the ED	$60,000.00	Still Spending
	OhioHealth- Grant Medical Center	Care coordination for OUD patients that come into the ED	$55,990.00	Still Spending
	Kettering Health Network- Grandvie	Care coordination for OUD patients that come into the ED	$60,000.00	Still Spending
	University of Cincinnati	Care coordination for OUD patients that come into the ED	$60,000.00	Still Spending
DEA WAIVER Live Trainings	ASAM	Waiver Persciber Trainings	$1,134,740.00	Still Spending
EBP Trainings	Prevention Action Alliance	Train the trainer- Lifeskills, Keepin it real, Strengthenin	$675,000.00	$675,000.00
			$2,344,563.97	

Project	Grantee/Contractor/County	Funding Description and Partners	SOR Y1 Award	SOR Y1 Spent	County Board Area	Description of Work
ASAM Criteria Training	Train for Change	5 ASAM Criteria trainings, 5 ASAM Critieria Leader Trainings and CMES	$ 143,575.00	$ 143,575.00	n/a	
ASAM Criteria Books	The Change Companies	350 books + Shipping	$ 25,253.38	$ 25,253.38	n/a	
Opiate MAT ECHO	NeoMED	96 one hour ECHO sessions	$ 150,000.00	Still submitting disbursement requests	n/a	
MAT Symposia	Moore Counseling and Mediation Services	10 Criminal Justice MAT trainings	$ 50,000.00	$ 50,000.00	n/a	
SBIRT Trainer	Wright State	25 SBIRT trainings to healthcare providers	$ 155,276.00	Still submitting disbursement requests	n/a	
	University of Cincinnati	25 SBIRT trainings to healthcare providers	$ 155,276.00	Still submitting disbursement requests	n/a	
	OSU College of Social Work	25 SBIRT trainings to healthcare providers	$ 137,199.00	Still submitting disbursement requests	n/a	
Distribution of Drug Destruction Bags	Interact for Change	Distribution of 60,000 Deterra Bags	$ 250,000.00	Still submitting disbursement requests	n/a	
	CompDrug	Distribution of 60,000 Deterra Bags	$ 43,750.00	$10,246.26.00	n/a	
	Health Recovery Services - Athens	Distribution of 60,000 Deterra Bags	$ 43,750.00	$ 43,750.00	n/a	
MOMS Continuation	Summit County - Community Health Center	Continuation of MOMS implementation and sustainability	$ 43,750.00	$ 43,750.00	n/a	
	Stark County - CommQuest	Continuation of MOMS implementation and sustainability	$ 43,750.00	$ 32,725.88	n/a	
	Mahoning and Warren Counties - Meridian Healthcare	Continuation of MOMS implementation and sustainability	$ 43,750.00	$ 43,750.00	n/a	
MOMS Implementation	Zepf Center	Develop and implement a maternal care home.	$ 43,750.00	$ 40,062.83	n/a	
	First Step Home Inc.	Develop and implement a maternal care home.	$ 175,000.00	$ 113,119.62	n/a	
	Community Counseling Center	Develop and implement a maternal care home.	$ 175,000.00	$ 43,928.00	n/a	
	Health Recovery Services – Jackson	Develop and implement a maternal care home.	$ 175,000.00	$ 175,000.00	n/a	
	Coleman Professional Services	Develop and implement a maternal care home.	$ 175,000.00	$ 7,040.13	n/a	
MOMS Trainer	Union County ADAMHS Board	Development of written curriculum for the MOMS program.	$ 65,000.00	$ 38,700.00	n/a	
DEA Waiver Training	American Society of Addiction Medicine	Train physicians and other relevant medical providers to become trained in providing MAT to patients	$ 237,865.04	$ 92,023.80	n/a	
Medical School Curriculum	Northeast Ohio Medical University	Develop a curriculum on pain management and OUD treatment for all Ohio Medical schools.	$ 500,000.00	$ 52,113.54	n/a	
Event Planner	Garrison & Associates	Event planning and reimbursements for waiver trainings	$ 11,500.00	Still submitting disbursement requests	n/a	
GPRA Training, data collection and reporting	Wright State University	GPRA training, data collection and reporting	$ 560,199.00	$ 53,166.64	n/a	
	Ronald Luce	MAT training for Recovery Housing Operators	$ 45,000.00	$ 43,000.00		
	OHIO CAPITAL CORPORATION FOR HOUSING	Housing University Conference Support	$ 51,000.00	$ 51,000.00		
	Ohio Recovery Housing	Recovery Housing Legal Compliance Trainings	$ 32,088.00	$27,313.06!!		
State Opioid Response Local Projects	Allen, Auglaize, and Hardin	Child Protective Services,	$ 306,394.00	$ 194,160.97	Allen-Auglaize-Hardin	Clinical Services, MAT, Trauma based therapies for youth and family
	Ashland	Ashland County Council on Alcoholism and Drug Abuse (ACCADA)	$ 85,613.00	$ 49,281.00	Ashland County Board of ADAMHS	MAT, Case management, jail, CBT
	Ashtabula	Community Counseling Center, Catholic Charities, Community Action	$ 140,000.00	$ 21,203.47	Ashtabula County Mental Health & Recovery Services Board	Connection Center-1-STOP, jail, MAT, transportation, IOP, Peer support, Recovery Housing, employment, case management
	Athens-Hocking-Vinton	Gathering Place, Mikes Bridge House, Ohio Health, Hopewell, Smart recovery, Integrated Services for Behav	$ 364,457.00	$ 266,869.70	ADAMHS Board Serving Athens, Hocking & Vinton Counties	MAT, Transportation, IOP, Drug Court Coordination, CM, Rapid Access/CPST, Housing, Peer Support
	Belmont, Harrison, Monroe		$ -	$ -	Mental Health & Recovery Board Serving Belmont, Harrison and Monroe Counties	
	Brown	Talbert House, County Health Dept., Beckett Springs, Center for Addiction Treatment, Pinnacles Treatment,	$ 130,000.00	$ 63,785.00	Brown County Board of Mental Health & Addiction Services	Transportation, Peer support/assessments, Residential, Syringe Exchange, MAT
	Butler	Community Behavioral Health (CBH), Butler County Jail, Sojourner Recovery Services	$ 475,000.00	$ 83,602.09	Butler County Mental Health & Addiction Recovery Services Board	Syringe Exchange, assessment treatment, re-entry,
	Clark-Greene-Madison	Ascent, Sober Grid, McKinley Hall -Warm Hand-Off, The Opioid Intensive Treatment & Response Team	$ 250,000.00	$ 169,809.00	Mental Health & Recovery Services Board of Clark, Greene, & Madison Counties	MAT pregnant, un/under insured, Housing, Peer Support, court liaison
	Clermont	Greater Cincinnati Behavioral Health Services, Merwin Recovery House, East River Recovery House	$ 360,000.00	$ 48,660.15	Clermont County Mental Health & Recovery Board	MAT, IOP, Peer Residential, Case Management, Housing, Peer Support
	Warren & Clinton	Mental Health America, New Housing Ohio, The NEST, Talbert Services	$ 180,000.00	$ 117,249.93	Mental Health & Recovery Services Board of Warren & Clinton Counties	Care Navigators, MAT, Transportation, Housing, Peer Support
	Columbiana		$ -	$ -	Columbiana County Mental Health & Recovery Services Board	
	Crawford-Marion	Marion County Children's Services, Together We Hurt Together We Heal, Arnita Pittman Recovery Center	$ 88,280.00	$ -	Crawford-Marion ADAMH Board	Quick Response Team, Recovery Housing
	Cuyahoga	Metro, Briermost Foundation, NORA, I'm in Transition, Mommy and Me, Too Woodrow Project, Accent, Life	$ 512,000.00	$ 100,371.65	ADAMHS Board of Cuyahoga County	Alt to jail, MAT, warm handoff, housing, vocational training, Peer Support
	Tri-County (Miami, Darke, Shelby)	Family Resource Center-STAR House	$ 348,999.00	$ 177,896.64	Tri-County Board of Recovery & Mental Health Services (Miami-Darke-Shelby)	Residential Withdrawal Management, Recovery Housing, Peer Support, Transportation
	Williams, Fulton, Defiance and Henry		$ -	$ -	Four County Board of ADAMHS of Williams, Fulton, Defiance, and Henry Counties	
	Delaware Morrow	Franklin County Collaborative	$ -	$ -	Delaware-Morrow Mental Health Recovery Services Board	
	Erie & Ottawa	Erie County Jail, Erie Health Department, Bayshore Counseling	$ 196,188.00	$ 85,296.96	Mental Health & Recovery Board of Erie & Ottawa Counties	MAT, Recovery Housing, Jail Supports
	Fairfield	New Horizons Mental Health, Fairfield County Re-Entry Coalition, The recovery Center, Lutheran Social Serv	$ 292,788.00	$ 86,915.00	Fairfield County ADAMH Board	Ambulatory Detox, MAT, IOP, Outpatient, Aftercare, Peer Support, Recovery Housing
	Franklin	Community for New Directions, Alvis Level, SouthEast	$ 5,741,086.56	$ 2,206,639.77	The ADAMH Board of Franklin County	Quick Response Team, Peer Support, Housing
	Gallia/Jackson/Meigs	Hopewell Health Centers, Local Criminal Justice, Local Health Care Centers, Health Recovery Services	$ 331,748.00	$ 286,193.34	Gallia, Jackson & Meigs Board of ADAMHS	MAT, Rapid MAT Access, Onsight monitoring, Transportation, Peer Support
	Geauga	Ravenwood Health, The Red Tulip Project of Geauga County,	$ 430,000.00	$ 293,275.61	Geauga County Board of Mental Health & Recovery Services	MAT, QRT, Family Supports, Drug Court, Peer Support, Recovery Housing
	Hamilton	Center for Addiction Treatment, Greater Cincinnati Behavioral Health Service, Talbert House Inc., First Step	$ 750,000.00	$ 202,139.00	Hamilton County Mental Health & Recovery Services Board	Residential, Case management, MAT, Recovery Support and linkage, Housing, MOMS, vocational, Peer Support
	Hancock	Century Health--Tree Line Residential Treatment Program	$ 145,191.00	$ 36,245.00	Hancock County Board Of ADAMHS	MAT, Residential Treatment, Case management, Family Engagement, Housing
	Paint Valley (Fayette, Highland, Pickaway, Pike Ross)	Paint Valley Community Action Commission, Hope Partnership Project, Pike Justice , Another Chance Ministr	$ 391,908.50	Still submitting disbursement requests	Paint Valley ADAMHS Board serving Fayette, Highland, Pickaway, Pike and Ross Counties	Peer Navigators, Residential, Recovery Housing, Peer Support
	Huron	Firelands Counseling and Recovery Services	$ 126,526.71	$ 2,319.67	Huron County Board of Mental Health & Addiction Services	Recovery Navigators, Linkage, Childcare, Transportation
	Jefferson	Family Recovery Center	$ 165,000.00	$ 51,041.57	Jefferson County Prevention & Recovery Board	Residential, MAT, Transportation
	Lake	Opiate Recovery Transition Program (ORTP	$ 400,000.00	$ 400,000.00	Lake County ADAMHS Board	MAT, Service Linkage, Recovery Housing
	Licking & Knox	Freedom Center (FC), Licking County Alcoholism Prevention Program (LAPP), and The Main Place (TMP); Pine	$ 64,000.00	$ 14,078.00	Licking & Knox	Medical Provider Collaboration, Emergency Department, Housing

	Logan & Champaign	Renewed Strength Recovery House, Permanent Supportive Housing, Moms Program	$ 124,214.00	$ 75,555.45	MHDAS Board of Logan & Champaign Counties	MOMS Support, Recovery Housing, Vocational
	Lorain	Road to Hope	$ 705,000.00	$ 176,250.00	Lorain County ADAS Board	MAT, IOP, Peer Supports, Recovery Housing
	Lucas County	Unison Health, UMADAOP Corp, Zepf	$ 738,894.00	$ 303,655.04	Mental Health & Recovery Services Board of Lucas County	MAT, Residential, IOP, Case Management, MI, Housing
	Mahoning	Mercy Health Foundation, Mahoning County Recovery Housing Assistance Program, Mahoning and Columb	$ 250,000.00	$ 8,044.00	Mahoning County Mental Health & Recovery Board	MAT, Psychosocial Treatment, Peer Recovery Support, Housing
	Medina	Ohio Guidestone, Alternative Paths, Inc.	$ 82,300.00	$ 22,157.52	Medina ADAMHS Board	MAT, Peer Support, IOP
	Mercer, Paulding, Van Wert	Foundations Behavioral Health Services, Westwood BH	$ 149,400.00	$ 149,400.00	ADAMHS Board of Mercer, Van Wert, & Paulding Counties	Recovery Navigator, Peer Support
	Montgomery	Deaf Community Resource Center, Promise to Hope, Joshua Recovery Ministries	$ 250,000.00	$ 7,506.52	ADAMHS Board for Montgomery County	MAT Coaches, Peer Recovery, CBT, Jail, Housing
	Muskingum, Coshocton, Guernsey, Morgan, Noble, Perry	Pinnacle Treatment Center, Muskingum Valley Health Centers, Perry Family Practice, Genesis Health care Sy	$ 744,213.00	$ 237,335.71	Muskingum Area Board of Mental Health & Recovery Services	MAT, Wrap-around, IOP, Parent mentors, Recovery housing
	Portage	Town Hall II	$ 213,763.00	$ 59,447.43	Portage ADAMHS Board	MAT, Peer Support
	Preble	Preble County Public Health, Preble County Job & Family Services, Preble County Common Pleas Court, Sojo	$ 105,000.00	$ 34,198.12	Preble County Mental Health & Recovery Board	Case management, CBT, Living in Balance, Seeking Safety, MAT, Jail based assessments
	Putnam	Coleman Professional Services, Putnam Courts, Children's Services	$ 14,119.00	$ 14,119.00	MH & ADA Recovery Board of Putnam County	Peer Supports
	Richland	The Genesis Project,	$ 186,622.00	$ 112,275.35	Richland ADAMHS Board	MAT, Residential Treatment, Peer Support, Care Coordination, Recovery Housing
	Seneca, Sandusky & Wyandot	Recovery Navigator, Bloom of Grace Rehab, LLC, Surest Path, Recovery and Engagement Navigators	$ 252,000.00	$ 137,155.20	Mental Health & Recovery Services Board of Seneca, Sandusky & Wyandot Counties	Recovery Navigator, Residential
	Adams, Lawrence & Scioto	The Counseling Center-Hughes Re-Entry Center; Scioto County Career and Technical Center, STAR, Justice C	$ 444,914.00	$ 287,345.00	ADAMHS Board of Adams, Lawrence & Scioto Counties	Jail diversion: housing, education and technical training, MAT, Opiate Response Team, Crisis Hotline
	Stark	Treatment Alternatives to Street Crime (TASC)	$ 330,000.00	$ 129,902.47	Stark County Mental Health & Addiction Recovery	Peer Support, Treatment planning, MAT
	Summit	COR Recovery Shelter,	$ 235,873.00	$ 43,354.36	County of Summit ADAMHS Board	MAT, Peer Support, SUD treatment, Recovery Housing
	Trumbull	Meridian	$ 400,000.00	$ 35,190.69	Trumbull County Mental Health & Recovery Board	MAT, Peer support
	Tuscarawas-Carroll	The Compass Center, Harbor House, Community Mental Healthcare, Inc. OhioGuidestone, CommQuest, She	$ 185,211.00	$ 32,953.39	ADAMHS Board of Tuscarawas-Carroll Counties	IOP, Peer Support, jail, ReCOR, MAT, court/jail, gender specific treatment
	Union	Children's protective services, Maryhaven, WINGS recovery	$ 65,000.00	$ 38,700.00	Mental Health & Recovery Board of Union County	MAT, Peer Support, Housing
	Washington		$ -	$ -	Washington County Behavioral Health Board	
	Wayne-Holmes	OneEighty, Anazao	$ 525,909.00	$ 302,800.88	Mental Health & Recovery Board of Wayne & Holmes Counties	MAT, Case Management, Peer Support, Family work, Housing
	Wood	A Renewed Mind, Zepf Center, Addiction Response Collaborative,	$ 221,703.00	$ 53,846.32	Wood County ADAMHS Board	Quick Response Team, MAT, Recovery Housing, Peer Support
	Athens-Hocking-Vinton	HRS, HCC, Smart Recovery, Athens Health	$ 137,254.00	$ 110,453.84	ADAMHS Board Serving Athens, Hocking & Vinton Counties	MAT, Transportation, IOP, Drug Court Coordination, CM, Rapid Access/CPST, Housing, Peer Support
	Butler	CBH	$ 60,550.56	$ 5,029.22		
	Clark-Greene-Madison	ASG	$ 118,562.00	$ 39,802.00		
	Clermont	Collective Outreach Team	$ 68,500.00	$ 35,693.32		
	Cuyahoga	Woodrow, Ascent, Lifeworks, NORA, Point of Freedom, Thrive	$ 673,755.00	$ 165,563.38		
	Fairfield	Jail/CP/NMHH & Recovery Center	$ 204,812.00	$ 48,638.00		
	Gallia-Jackson-Meigs	HRS Gallia	$ 150,000.00			
	Geauga	Geauga Collaborative	$ 50,531.00	$ 34,658.70		
State Opioid Response Peer Supports	Hamilton	CAT, GCB, Talbert	$ 80,047.75	$ 40,716.00		
	Lucas	Unison	$ 24,165.00			
	Mahoning	Mercy Health	$ 150,000.00	$ 150,000.00		
	Montgomery	Deaf Community Resource Center, MCADAMHS	$ 161,594.50	$ 2,524.19		
	Paint Valley/ Ross	Fayette, Pike, Ross	$ 289,332.50	$ 256,056.07		
	Richland	Richland Collaborative	$ 70,988.00	$ 67,660.00		
	Summit	Summit Collaboratve	$ 150,000.00	$ 44,976.69		
	Van Wert-Mercer-Paulding	Westwood, Foundations	$ 210,000.00	$ 47,053.39		
	Warren-Clinton	MHA	$ 65,815.00	$ 32,928.58		
	Wayne-Holmes	OneEighty/Anazao	$ 82,378.25	$ 11,823.90		
	Wood	A Renewed Mind	$ 31,643.00	$ 1,868.83		
	Ashtabula	Community Counseling Center	$ 140,000.00	$ 5,259.99		
	Athens-Hocking-Vinton	Clem House, HHC Our House,The Gathering Place Mike's Bridge House, Women for Recovery Serenity Grove	$ 236,954.00	$ 125,024.38		
	Butler	Comm BH, Sojourner, Access	$ 450,000.00	$ 8,219.88		
	Clermont	Merwin, East River	$ 56,360.00	Still submitting disbursement requests		
	Cuyahoga	Briar house, NORA, I'm in transition, Mommy and Me, Woodrow Project	$ 556,876.00	$ 307,001.20		
	Fairfield	Lutheran Social Services	$ 150,000.00	$ 150,000.00		
	Franklin	Alvis, Community for New Direction	$ 150,276.00	$ 590,245.46		
	Geauga	Red Tulip, Ravenwood	$ 150,000.00	$ 30,973.86		
	Hamilton	First Step Home, Talbert House	$ 450,000.00	Still submitting disbursement requests		
	Hancock	Focus Recovery and Wellness Community	$ 20,000.00	$ 20,000.00		
	Lake	ORTP rent assistance	$ 150,000.00	$ 3,642.10		
	Licking-Knox	Naomi House and BHP	$ 64,000.00	$ 14,078.00		
State Opioid Response Housing	Logan-Champaign	Renewed Strength Recovery House, Residential Administrators	$ 124,214.00	$ 75,555.45		
	Lorain	Road to Hope	$ 300,000.00	$ 288,571.97		
	Lucas	Zeph, Unison, UMADOP	$ 726,176.00	$ 150,000.00		
	Mahoning	Broadway Housing, Carter House, Eagles Nest, Gypsy House, Progress House, Winonna House, Small Steps	$ 150,000.00	$ 150,000.00		
	Marion-Crawford	TWHTWH, Arnita Pittman	$ 88,280.00	Still submitting disbursement requests		
	Montgomery	Promise to Hope & Montgomery Family tx court	$ 300,000.00	$ 41,176.67		
	Paint Valley	Another Chance Ministry	$ 102,576.00	$ 102,538.09		
	Richland	UMADOP	$ 149,555.00	$ 54,511.90		
	Scioto-Adams-Lawrence	The Counseling Center	$ 150,000.00	$ 150,000.00		
	Summit	Freedom House for Women, FI Community Housing, Truly Reaching You	$ 110,000.00	$ 27,170.00		
	Warren-Clinton	Talbert, NHO	$ 229,796.00	Still submitting disbursement requests		
	Wayne & Holmes	OneEighty	$ 26,486.00	$ 16,514.75		
	Wood	Zephx2	$ 230,982.19	$ 45,265.51		
TOTAL			$30,073,505.94	$11,761,380.11		

Project	Grantee/Contractor	Funding Description	SOR Y2 Award
ASAM Criteria Training	Train for Change	5 ASAM Criteria trainings, 5 ASAM Critieria Leader Trainings and CMES	$ 143,575.00
Ohio Department of Health Project DAWN	ODH	Provide Naloxone Kits and Education	$ 4,000,000.00
			$ 4,143,575.00

COUNTY /BOARD	AWARDED-year 2	ALLOCATED-year 2	PROVIDERS
DELAWARE-MORROW MENTAL HEALTH & RECOVERY SERVICES BOARD	$ 176,000.00	$74,617.54	Morrow county Sheriff, Maryhaven
LICKING AND KNOX COUNTIES MENTAL HEALTH AND RECOVERY SERVICES BOARD	$ 176,000.00	$167,472.00	Mental Health and Recovery for Licking and Knox Counties The Freedom Center Licking County Alcoholism Prevention Program (LAPP) The Main Place Mount Vernon Police Department Knox County Sheriff's Office Newark Police Department Licking Memorial Hospital Knox Community Hospital Pathways of Central Ohio
MENTAL HEALTH AND RECOVERY BOARD OF PORTAGE COUNTY	$ 176,000.00	$113,086.62	Family and Community Services, Coleman Professional Services
MENTAL HEALTH AND RECOVERY SERVICES BOARD OF SENECA-SANDUSKY-WYANDOT	$ 176,000.00	$163,689.67	Firelands' Counseling and Recovery Center
RICHLAND COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD	$ 176,000.00	$170,400.65	Thried Street Family Health Services
THE ADAMHS BOARD OF ALLEN AUGLAIZE & HARDIN COUNTIES	$ 176,000.00	$176,000.00	St. Rita;s Mercy Health
THE FAIRFIELD COUNTY BOARD OF	$ 176,000.00	$176,000.00	The Recovery Center
THE MEDINA COUNTY ADAMHS BOARD	$ 176,000.00	$57,637.12	Alternative Paths
TRI-COUNTY BOARD OF ADAMHS (MIAMI, DARKE AND SHELBY CO.)	$ 176,000.00	$38,884.51	Shelby County Jail, STAR House (FRC)
Quick Response Team (QRT) Software	$1,080,000		Two year software license to assist QRTs in collecting and sharing client data
TOTAL	$ 2,664,000.00	$1,137,788.11	

Recovery Ohio Advisory Council

Initial Report | March 2019

MIKE DEWINE
GOVERNOR OF OHIO

JON HUSTED
LT. GOVERNOR OF OHIO

www.Governor.Ohio.gov

Dear Fellow Ohioans:

Ohio is in the midst of a public health crisis. Based on reports from the Ohio Department of Health, about 13 Ohioans die each day from unintentional drug overdoses. Approximately five people a day take their own lives. The repercussions of the drug epidemic and mental illness have touched the lives of all Ohioans, regardless of their race, ethnicity, or socio-economic background, and every community in our state has been affected.

Moments after taking the oath of office, my first action as Governor was to create the RecoveryOhio initiative to ensure that we act aggressively to address this crisis and invest in the health and well-being of Ohio's citizens. Doing so, we must reduce stigma and provide impactful prevention education for Ohio's children beginning at an early age. We must help those struggling with mental illness or substance use disorders by giving them a system that provides quality treatment on demand. And, we must build recovery-friendly communities that support and promote health and wellness to ensure all Ohioans can live long, productive lives.

In January, I created and named the members of my RecoveryOhio Advisory Council. The council is composed of leaders from across the state with diverse personal and professional backgrounds, who are working together to enhance our understanding of this crisis and how it impacts all sectors of society. At the onset, I asked the RecoveryOhio Advisory Council to provide actionable recommendations to improve mental health and substance use prevention, treatment, and recovery support services in Ohio. Those recommendations are included in this report, and they will serve as a framework for the work to come.

I want to express my sincere appreciation to all members of the RecoveryOhio Advisory Council and thank them for their selfless service. They devoted countless volunteer hours to create this report. Together, we will make a difference in the lives of those suffering from mental health and substance use disorders.

Very respectfully yours,

Mike DeWine

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RecoveryOhio Advisory Council Membership

Chairwoman, Director **Alisha Nelson**, RecoveryOhio
Vice Chairwoman, Director **Amy Acton**, Ohio Department of Health
Vice Chairwoman, Director **Lori Criss**, Ohio Department of Mental Health and Addiction Services
Vice Chairwoman, Director **Annette Chambers-Smith**, Ohio Department of Rehabilitation and Correction
Facilitator, **Michael Buerger**, Department of Administrative Services — LeanOhio

Amy Andres, Ohio Hospital Association
Beth Bickford, Association of Ohio Health Commissioners
Bobbie Boyer, Institute for Human Services
Pastor Greg Delaney, Woodhaven and Reach for Tomorrow Ohio
Juliet Dorris-Williams, The PEER Center
Suzanne Dulaney, County Commissioners Association of Ohio
Joan Englund, Mental Health and Addiction Advocacy Coalition
Dale Foerster, Starr Manufacturing
Shea Fraser, recovery advocate
Orman Hall, Ohio High Intensity Drug Trafficking Area and Ohio University
Dr. Navdeep Kang, Mercy Health — Cincinnati
Teresa Lampl — The Ohio Council of Behavioral Health & Family Service Providers
Stephen Massey, CitiLookout Counseling Center
Judge David Matia, Cuyahoga County Common Pleas Court
Jessica Nickel, Addiction Policy Forum
Melissa Rodgers, Recovery Advocate
Terry Russell, National Alliance on Mental Illness of Ohio
Dr. Shawn Ryan, Ohio Society of Addiction Medicine
Marcie Seidel, Prevention Action Alliance
Brenda Stewart, The Addict's Parents United
Retired Justice Evelyn Lundberg Stratton, Stepping Up
Former Governor **Ted Strickland**
Dr. Julie Teater, Ohio State University — Talbot Hall
Sheriff John Tharp, Lucas County Sheriff's Office
Sarah Thompson, Ohio Citizen Advocates for Addiction Recovery
Cheri Walter, Ohio Association of County Behavioral Health Authorities
Chief Robert Ware, Portsmouth Police Department

Overview of the RecoveryOhio Initiative

Ohio's mental health and addiction crisis is evident throughout Ohio's communities, including in schools, jails, businesses, health care settings, children's services agencies, and elsewhere.

State departments, boards, and commissions work tirelessly with communities to address the needs of residents and to provide solutions. Unfortunately, operation strategies, spending, and program administration of mental health and substance use treatment and prevention efforts have become split across multiple state agencies that lack coordination and a clear point of accountability.

Governor Mike DeWine commissioned the RecoveryOhio initiative to coordinate the work of state departments, boards, and commissions by leveraging Ohio's existing resources and seeking new opportunities. While engaging local governments, coalitions, and task forces, RecoveryOhio's goals are to create a system to help make treatment available to Ohioans in need, provide support services for those in recovery and their families, offer direction for the state's prevention and education efforts, and work with local law enforcement to provide resources to fight illicit drugs at the source.

To provide help from all perspectives, RecoveryOhio is composed of an internal state team with representation from several state departments, boards, and commissions. For additional advice and consultation on the best ways to improve our state's response to this crisis, the RecoveryOhio State Team turns to an external group, the RecoveryOhio Advisory Council, who are Governor-appointed experts from both the public and private sectors with experience in the fields of treatment, prevention, recovery support, and criminal justice.

The RecoveryOhio Advisory Council

To ensure that the state's work to address the public health crisis improves the health and wellness of all Ohio citizens, the feedback and expertise from the RecoveryOhio Council and those who have presented information to the group have been invaluable.

The RecoveryOhio Advisory Council recognizes that Ohio's substance use and mental health treatment, prevention, and recovery support services delivery are planned by and provided through professionals from many sectors of society and all levels of government. And as such, solutions must be coordinated.

The RecoveryOhio Advisory Council is made up individuals who are:

- Living with and recovering from mental illness and/or substance use disorders;
- Family members or other advocates for people living with, or recovering from, mental illness and/or substance use disorders;
- Working in local, state, and federal government;
- Working in private industry;
- Employed by institutions of learning;
- Working for organizations of faith;
- Employed in criminal justice settings;
- Working for mental health and substance use prevention, treatment, advocacy, or support services;
- Working in health care; and/or
- Concerned about issues of importance to Ohio's mental health or substance use matters.

RecoveryOhio Initial Report Overview

In January 2019, Governor Mike DeWine challenged the RecoveryOhio Advisory Council to develop recommendations that provide a summary of the current state of Ohio's public health crisis and offer advice on the next steps needed to address it.

Detailed in Executive Order 2019-08D, creating the Governor's RecoveryOhio Advisory Council, the group's recommendations should address:

- How the state could best provide high-quality prevention and early intervention programming in communities and schools;
- How to improve access to treatment services in Ohio for mental health and substance use disorders;
- Recovery support strategies as foundations for wellness, including -- but not limited to -- peer support, employment, and housing;
- Improving the quality of care provided for mental health and substance use disorders in the community and in health care and criminal justice settings;
- How to create efficiencies across systems among, for example, state psychiatric hospitals; private hospitals; criminal justice settings; treatment facilities; recovery support programs; and in businesses so that patients receive coordinated care and support that reduces duplication in service delivery and encourages quality care and outcomes;
- Providing service in a culturally competent way and addressing underserved populations including, but not limited to, the need for:
  - Acute care mental health services for youths;
  - Care that addresses the distinct needs of families impacted by mental illness and addiction;
  - Care that focuses on the unique needs of older adults;
  - Care that focuses on the unique needs of veterans.
- What critical outcomes can be measured to improve Ohio's system of mental health and addiction services;
- How federal, state, and local resources can be better coordinated or redirected to meet the needs of Ohioans; and
- Considerations for the state budget.

Message from the RecoveryOhio Advisory Council

One of Ohio's great strengths is the ability of the state's citizens to come together to solve problems. Among Ohio's challenges is the ongoing effort to provide the best treatments and support for individuals with mental illness and/or substance use disorders. The paramount goal in providing quality services is that each person has a chance to live a happy, healthy, and productive life. As a state, we have not done everything right, but we should be proud of our ability to adapt our practices and help those in need of care and support. Ohioans, now more than ever, must come together to create collaborative systems to serve every community, every race, every person in ways that use science and evidence-based practices.

Research shows that treatment works for both mental illness and substance use disorders and that recovery and long-term wellness are not only possible, but likely. We must embrace this knowledge and meet people where they are to walk alongside them as they find their individual paths to wellness. In doing so, we will remove barriers to treatment and address issues so that all people may receive services when they need them.

All of this is made possible by a strong and knowledgeable workforce, that includes critical specialists, who are in great demand in every region to prevent, treat, and offer recovery support to individuals and their families, but also includes the "citizen workforce" of all Ohioans who reach out and assist and support the people in their lives who are struggling with mental illness, substance use problems, or other personal difficulties. To address the shortage of specialists, Ohio needs a comprehensive plan to encourage students to consider careers to help those with mental illness and addiction.

To protect Ohio's future, the state must expand prevention services to serve all ages through support and education. For people who struggle each day to maintain wellness, we must be bold and use evidence-based programs that reduce harm and give them a chance to recover. And, when an individual is ready for treatment, Ohio must respond by providing a system that immediately grants high-quality, culturally appropriate care that takes into consideration the complex situation of each person and family and relies on best practices.

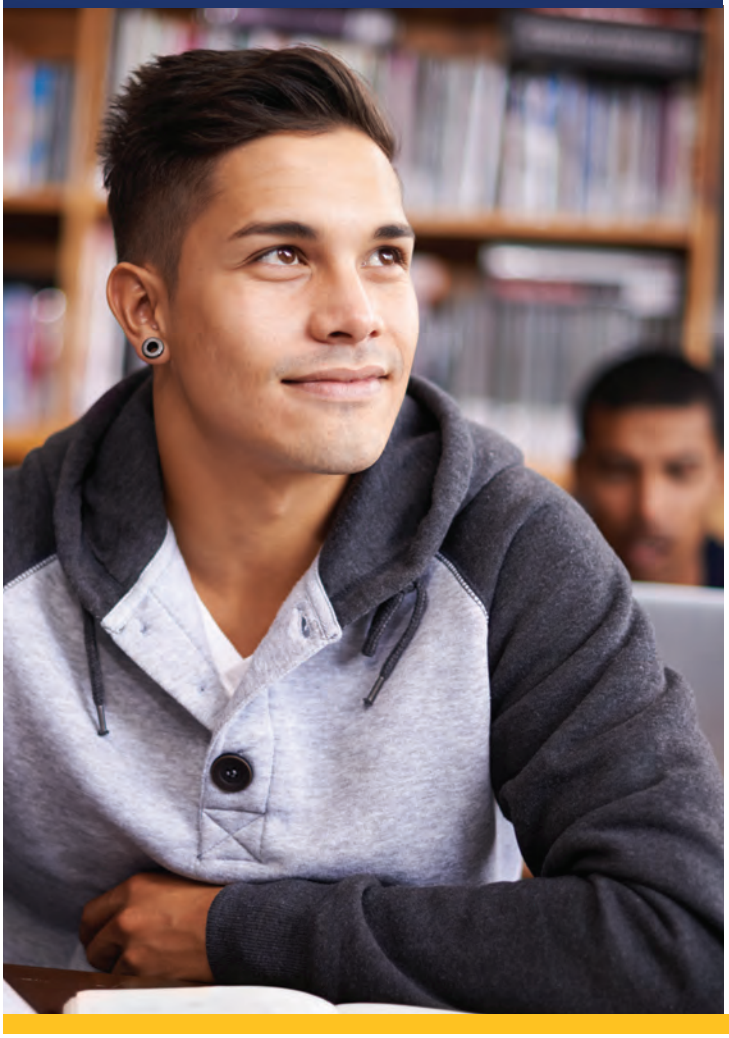
The RecoveryOhio Advisory Council, under the direction of Governor Mike DeWine, has spent the past two months creating an initial report to highlight the state's most pressing challenges in building a better system. The members of the council are presenting more than 50 recommendations that are impactful and can be implemented by communities that wish to act now to address the crisis and set up a system of support for the future.

We have much work to do in Ohio. But, by collaborating and sharing resources and knowledge, we can continue to be proud of the work we have done and be hopeful for the work we are about to do.

Respectfully submitted,
The RecoveryOhio Advisory Council

Historical Overview

The history of federal and state policies regarding mental illness and addiction is long and complex, including a mixture of helpful and stigmatizing responses. This historical overview is meant to provide a primer on Ohio's helpful public health efforts as a foundation for the recommendations in this report.



Ohio has been working to address mental illness and addiction for almost two centuries. The first state asylum for the mentally ill was approved by the Ohio General Assembly in 1837. Since that time, much has changed.

In 1963, the passage of the national Community Mental Health Act marked a major shift in resources from large institutions to community-based programs. Ohio followed suit in 1967, when Ohio House Bill 648 created 53 local mental health, mental retardation (now developmental disabilities), and drug abuse boards. In 1972, the Regional Councils on Alcoholism were created across Ohio.

In 1980, Senate Bill 160 established a stand-alone Department of Mental Health and divided local mental retardation (now developmental disabilities) and local mental health and drug abuse boards into separate entities. Later, the Mental Health Act of 1988 was passed to empower community mental health systems to treat individuals where they live and to deinstitutionalize Ohio's 14 adult state psychiatric hospitals.

In 1989, the Ohio Department of Alcohol and Drug Abuse was created, regional councils on alcoholism were disbanded, leaving only local alcohol, drug abuse, and/or mental health boards known today as the Alcohol, Drug and Mental Health Boards (ADAMH).

Through the 1990s and early 2000s, Ohioans saw dramatic changes in how individuals with mental illness and/or addiction were treated. New developments in medicine created treatment alternatives, such as the introduction of atypical antipsychotic drugs to support those with mental illness and medication-assisted treatment for substance use disorders.

During the past decade, the role state and local governments play to address the mental health and addiction needs of residents has continued to evolve. At the state level, the departments of Alcohol and Drug Addiction Services and Mental Health merged into a single Department of Mental Health and Addiction Services. Great strides have been made in efforts to integrate mental health and addiction services into health care in recognition that mental health and physical health are both components of overall health and wellness.

With progress, there have also been many challenges. In facing the public health crisis of today, Ohioans should be proud of the work that has been done to support those who live with mental illness and substance use disorders, but still understand that there is much work to do.

Ohio's Public Health Crisis Today

The continuous change of the mental health and addiction systems of care has made it difficult for Ohio to keep up with the overall needs of individuals who are living with mental illness and/or addiction.

Because of the long history of addressing these issues, health professionals now better understand the causes of mental illness, substance use disorders, and other behavioral health conditions. They have scientifically established prevention programs that decrease the likelihood of addiction and give individuals the tools needed to help manage mental illness. Though today's treatments are more effective and better tolerated and the workforce is better trained than ever, mental illness and substance use disorders remain critical health problems.

The National Survey on Drug Use and Health (NSDUH), an annual study completed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), assesses the rates of substance use disorders and mental illness in each state. The most recent study covered 2016-2017 and was published in September 2018. The study found that Ohio rates of both substance use problems (including alcohol use disorder and drug use disorder) and mental health disorders were slightly higher than national averages across almost all age groups. Of note is the high prevalence of both substance use problems and mental health disorders in transitional age individuals (ages 18-25) with one in six affected with a substance use disorder and one in four affected with a mental health disorder in Ohio.

Rates of individuals who need and therefore receive treatment were also examined in the

Diagnosis	Age Group	% AFFECTED		Difference (Ohio vs. U.S.)
		Ohio	U.S.	
Substance Use Disorder	<12	7.67	7.35	+4.4%
	12-17	3.99	4.13	-3.4%
	18-25	15.97	14.76	+8.2%
	>25	6.79	6.49	+4.6%
Mental Health Disorder	<18	19.85	18.57	+6.9%
	18-25	25.42	23.53	+8.0%
	>25	18.97	17.89	+6.0%

Source: The National Survey on Drug Use and Health(NSDUH) Sept. 2018

NSDUH survey. Both in Ohio and nationally, only a small number of individuals who need treatment for a substance use disorder actually receive it — 8.2 percent in Ohio and 7.2 percent nationally. The study also shows that the majority of those who do not receive treatment are those who are not yet willing to participate in treatment. The data for mental health disorders is somewhat more optimistic, with 86 percent of Ohioans older than 18 needing treatment receiving it compared with 79 percent, nationally. However, this study does not speak to the quality, comprehensiveness, and outcomes of services, and it is likely that undertreatment is occurring.

Childhood experiences have a tremendous impact on lifelong health and opportunity. Research indicates that exposure to traumatic events in childhood negatively impact health over a lifetime, including the development of substance use disorders and mental illness. Traumatic childhood experiences include living with a person with mental illness or substance use disorder, having a family member who was incarcerated, having parents who were separated or divorced, witnessing family violence or being subject to physical, verbal, or sexual abuse. The more of these experiences a child has, the more they demonstrate risky behaviors and have psychological problems and serious health issues over the course of that child's life.[1]

Untreated substance use and mental health disorders can lead to adverse results for individuals, families, and communities — results that can be avoided with timely access to effective treatment. The most extreme of these results are premature deaths. In 2017, Ohio lost 4,854 of its citizens to unintentional drug overdose and another 1,751 to suicide. Additionally, individuals with mental illness and/or substance use disorders often have other medical problems and, on average, die 25 years earlier than those not affected. Expanding effective prevention and treatment can have a substantial impact on the state in terms of fewer lives lost and improved overall health.

Treatment to underserved groups has, in many cases, been made possible by Medicaid and the expansion of the Medicaid program. Of Medicaid's 3.3 million non-dual recipients — Medicaid beneficiaries who are not enrolled in Medicare — in fiscal year 2018, more than 840,000 had a behavioral health condition, representing 25 percent of the enrolled population. For adults covered by Medicaid Expansion, that number was more than twice as large — 52 percent of individuals within the group had a behavioral health condition.

Medicaid expansion is essential for ensuring access to those with a mental illness and/or substance use disorder. Approximately one-third of Medicaid expansion enrollees meet screening criteria for depression or anxiety disorders, and nearly half of those individuals reported that obtaining access to mental health treatment was easier after enrolling in Medicaid. Similarly, about one-third of expansion enrollees were diagnosed with a substance use disorder. Of those individuals, more than 75 percent reported improvement in overall access to care, 83 percent reported improved access to prescription medications, and 60 percent reported improved access to mental health care. Medicaid expansion also helps individuals with mental health and substance use conditions obtain access to the physical health care services they need.

For children, Medicaid is a critical component of their access to behavioral health care in Ohio. Medicaid coverage of behavioral health care services is particularly important for children in the custody of child protective services or receiving adoption assistance, all of whom are eligible for the program. Of Medicaid's 1.6 million youths younger than 21, more than 395,000 had a behavioral health condition, representing 25 percent of the population. Of Medicaid's 47,000 youths younger than 21 who are in foster care and/or receiving adoption assistance, the number of children with a behavioral health condition was more than twice that of the general population.

1. "Adverse Childhood Experiences (ACEs)." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html.

Overview of Insurance Coverage in Ohio

	Employer	Medicaid	Commercial	Uninsured
Adult (19-64)	**52.4%**	**22%**	**16.3%**	**9.3%**
Children (0-18)	**46.2%**	**42.7%**	**7.8%**	**3.0%**

Source: Ohio Department of Medicaid, 2019

The RecoveryOhio Advisory Council Recommendations

Experts who serve on the RecoveryOhio Advisory Council understand the complexity of the challenges Ohio is facing today as it addresses mental illness and substance use services.

The recommendations included in this report span a variety of sectors. To structure the recommendations, the Advisory Council categorized its recommendations into eight distinct groupings:

1. Stigma and Education
2. Parity
3. Workforce Development
4. Prevention
5. Harm Reduction
6. Treatment and Recovery Supports
   a. Early Intervention
   b. Crisis Support
   c. Treatment
   d. Recovery Support
7. Specialty Populations
   a. Individuals Involved in the Criminal Justice System
   b. Youth
   c. Other
8. Data Measurement and System Linkage

1. Stigma and Education

Negative attitudes and beliefs toward people living with a mental health or in recovery from a substance use disorder are common and harmful. These negative attitudes extend to and affect family members, places of work, health care providers, policies, and the allocation of public resources.

Stigmatizing attitudes toward people with mental health conditions are widespread and commonly held. A survey of more than 1,700 adults in the United Kingdom found that the most commonly held belief was that people with mental health conditions are dangerous. The survey also found that respondents thought that some mental health conditions, such as eating disorders and substance abuse, are self-inflicted and that people with mental health conditions are hard to talk to. In the study, people held these negative beliefs regardless of their age, knowledge of mental health problems, and whether they knew someone who had a mental health problem.

More recent studies of attitudes toward individuals with a diagnosis of schizophrenia or major depression convey similar findings. In both cases, a significant proportion of members of the public considered that people with mental health conditions are unpredictable and dangerous, and respondents would be less likely to employ them.[2]

Some of the harmful effects of stigma can include:

- A reluctance to seek help or treatment. More than half of the adults in the U.S. who need services and treatment get the help they need. Further, the average delay between the onset of symptoms and intervention is 8 to 10 years.[3]
- A lack of understanding by family, friends, co-workers, and others.
- Fewer opportunities for work, school, or social activities and trouble finding housing.
- Bullying, physical violence, or harassment.
- Health insurance that doesn't adequately cover mental health and addiction treatment services.
- Feelings of hopelessness or a belief that an unhealthy or undesirable situation can't improve.[4]

Many communities across the state are starting conversations and arranging activities to reduce stigma. In addition, the state system has been engaged in reducing stigma.

To address stigma and promote a greater understanding of mental illness and substance use disorders, the RecoveryOhio Advisory Council recommends:

1. A Statewide Public Education Campaign to End Stigma

Commission a statewide campaign to address stigma against people with mental illness and substance use disorders. Stigma and misinformation deeply embed the deadly consequences of Ohio's public health crisis and prevent families from seeking help and professionals from providing the most current and correct information. Ohio's campaign to end stigma should including chronic disease education; evidence-based prevention, treatment, and harm reduction strategies; stories of recovery; and a constant reframing of mental illness and addiction from a moral collapse to chronic illness.

2. Media Outreach

Engage media to encourage the use of appropriate language that destigmatizes mental health and substance use disorders. Collaborate with the media to disseminate the science of treating mental illness and substance use disorders, while demonstrating that people do recover from these chronic brain disorders. Messages, stories, and imagery should be designed to impact a variety of audiences based on age, gender, language, and culture.

2. Committee on the Science of Changing Behavioral Health Social Norms. "Understanding Stigma of Mental and Substance Use Disorders." *Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change.*, U.S. National Library of Medicine, 3 Aug. 2016, www.ncbi.nlm.nih.gov/books/NBK384923/.

3. NAMI. Stigma Free. https://www.nami.org/stigmafree

4. Mayo Clinic. Mental health: Overcoming the stigma of mental illness. May 2017. https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477

3. Professional Training Opportunities
Coordinate public and professional training opportunities that expand the understanding and awareness of adverse childhood experiences and psychological trauma, effective treatment models, and the use of medications that aid in the acute care and chronic disease management of both mental illness and addiction.

4. Involving the Citizen Workforce
Involve the citizen workforce by providing community-based trainings, such as Mental Health First Aid, Crisis Intervention Training, naloxone administration, and suicide prevention. These best practice trainings should be allowable as Continuing Education Units for professional development and when offered in an educational setting, provide academic credit.

2. Parity

Ohio passed a limited version of parity legislation in 2006, well in advance of many other states and the federal government. Shortly after, Congress passed the Mental Health Parity and Addiction Equity Act of 2008, which President George W. Bush subsequently signed into law.

The law is meant to ensure that insurance coverage for mental health and substance use disorder treatment does not differ from coverage for treatment of any other physical disorder in terms of limits on out-patient treatment, in-patient treatment, emergency care, or prescription medication. Some health plans are exempt from the law, but those exemptions are not common after Congress strengthened federal parity laws in 2010. Initially, there was concern that parity would lead to unsustainable costs for health plans. However, most have been able to manage parity implementation, though some have seen slight increases.

Despite the law and the financial neutrality of parity, differences still exist between the rendering of a "medical benefit" and a "behavioral health benefit." Patients frequently find that access to mental health and addiction providers is much more difficult than access to other medical specialists, that hospital access is difficult due to lack of available beds, and that emergency services are not tailored to meet their needs.

Providers indicate that third-party payers require prior authorization and continued authorizations for therapy, medication, or hospitalization in excess of that required for physical medical conditions. They also describe vague and proprietary criteria that are not always shared with those rendering care and may not be in the best interest of patients. Additionally, despite increasing demand for services, the disparity between compensation for mental health and addiction services and other medical services has led some hospitals and other providers to reduce mental health and addiction treatment capacity in favor of more lucrative "medical" service lines, leading to even more restricted access to care. While the law has helped, true parity does not exist.

To address parity in Ohio, the RecoveryOhio Advisory Council recommends:

5. Alignment With the Mental Health Parity and Addiction Equity Act
Align Ohio laws with the federal Mental Health Parity and Addiction Equity Act.

6. State Parity Coordination and Enforcement
Coordinate across Ohio's state agencies to disseminate a concise definition of parity rights, enhance transparency, and promote a feedback process to allow continuous improvement with clear benchmarks. The Ohio Department of Insurance should work with state departments, such as the Ohio Departments of Medicaid, Mental Health and Addiction Services, Health, Administration Services, and other appropriate departments, boards, and commissions to achieve this goal. State agencies should also look at enforcement opportunities and their role in consumer protection.

7. Parity Education and Training
Educate patients, families, employers, and professionals who serve the public — for example hospital staff, social workers, and public health workers — to ensure understanding of insurance coverage rights and how to seek support with parity enforcement. Require that patients seeking treatment receive a notification of their parity rights similar to notifications regarding the Health Insurance Portability and Accountability Act (HIPAA).

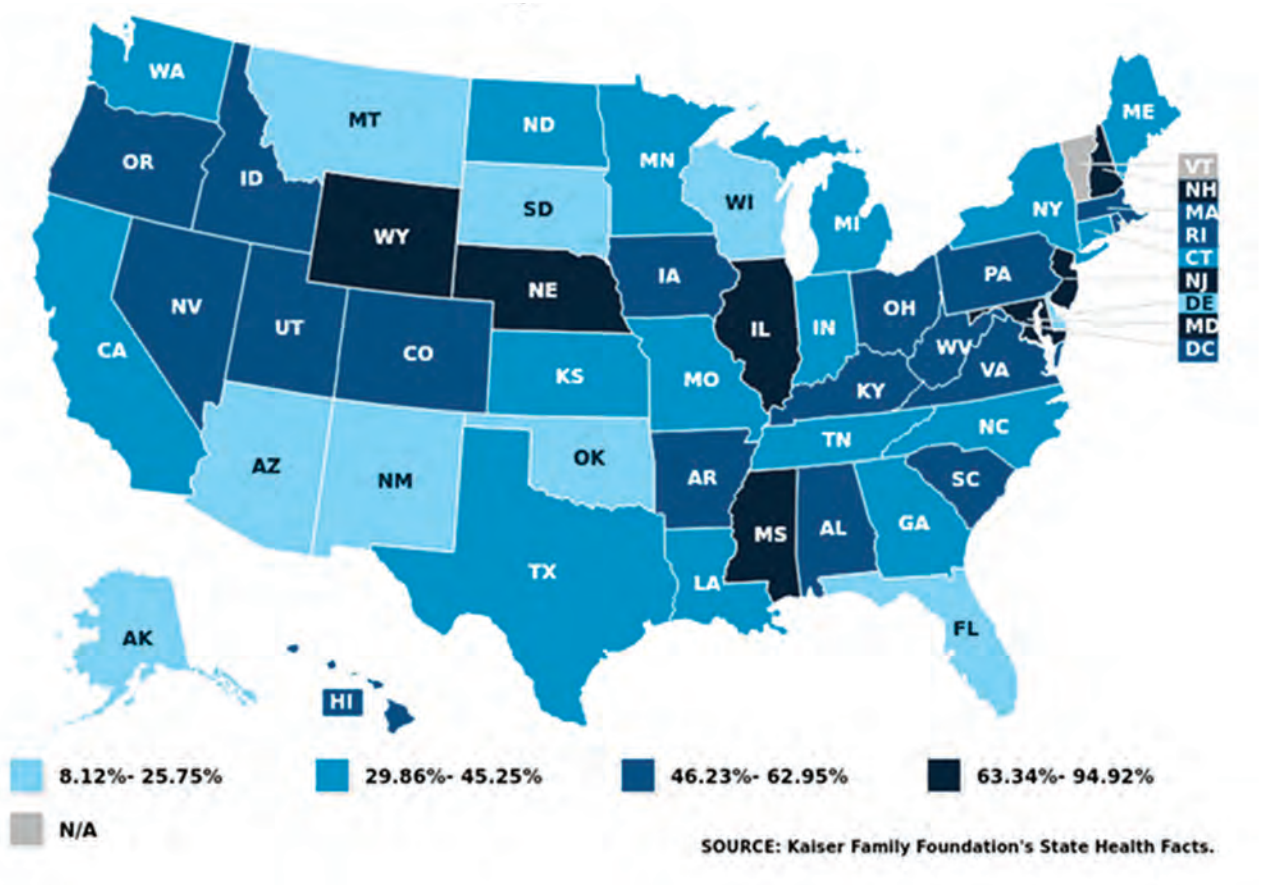
3. Workforce Development

The mental health and addiction (behavioral health) treatment workforce is a complex and growing system made up of many professionals of varying levels of training and education. Between 2006 and 2017, Ohio added 580 behavioral health establishments, representing a more than 30 percent increase. While some behavioral health establishment types have been in decline (such as stand-alone psychiatric practices), others have experienced growth (such as mental health and substance abuse residential facilities). The increased visibility of behavioral health issues and an improved understanding of mental illness and substance use disorders as chronic diseases have led to a growth in treatment facilities, driving the need for a larger workforce to meet the demand for clinical services.

An adequate supply of a well-trained employees is the foundation for an effective service delivery system. Most of the new growth in the behavioral health workforce has been concentrated in urban areas, which exacerbates the problem of treatment access in Ohio's rural communities. In its most recent evaluation of the state of mental health in America, the nonprofit Mental Health America ranked Ohio 34th for mental health workforce availability with a ratio of 560 individuals to 1 health care provider. The Kaiser Family Foundation cited Ohio as only meeting 53.23 percent of the state's behavioral health need.

The following chart shows shortage areas based on the number of health professionals relative to the population. To be considered as having a shortage of mental health providers, the population to provider ratio must be at least 30,000 to 1.

Mental Health Care Health Professional Shortage Areas (HPSAs): Percent of Need Met, as of December 31, 2018



Several barriers to a satisfactory behavioral health workforce supply exist, including an aging workforce, a lack of next generation employees interested in pursuing careers in behavioral health-related fields and the difficulty in retaining workers. These challenges are further complicated by a need to ensure that the mix of professionals is appropriate to achieve the best possible behavioral health service outcome. Behavioral health care providers must be culturally competent and able to meet the needs of a wide range of people with drastically different experiences, backgrounds, and resources. Provider agencies, also referred to as establishments, report that turnover among behavioral health providers is high. This is often attributed to work-related stress, secondary trauma and low pay. In addition, primary care providers play a large role in behavioral health and are often expected to treat individuals with behavioral concerns that exceed their training and experience.

To address Ohio's workforce gaps, the RecoveryOhio Advisory Council recommends:

- **8. A Workforce Needs Assessment**
  Commission a study to quantify the behavioral health workforce needs of Ohio and highlight disparities both geographical and cultural.

- **9. Creation of a Regulatory and Financing Structure That Supports Workforce Equity With Other Parts of Health Care and Between Addiction and Mental Health Specialties**
  Review Ohio's regulations and reimbursement strategies to ensure that Ohio's approach makes it attractive to employers to hire behavioral health specialists. A thorough review would include parity laws and enforcement, third-party reimbursement policies and rates, areas of conflict with federal laws and regulations, and approaches to credentialing for insurance payment that may usurp the authority of professional credentialing boards to license and determine fitness to provide care.

- **10. Establishment of a Career Path to the Behavioral Health Field**
  Develop a collaborative strategy that includes the Ohio Department of Education, the Ohio Department of Higher Education, and the Ohio Department of Job and Family Services to build on known best practices and successful innovative approaches to expand the number of credentialled professionals, to develop career exploration, and to establish pathways to jobs that support the prevention and treatment of mental illness and substance use disorders. For those health care providers and therapists who do not specialize in the treatment of mental illness or addiction, the curriculum should require exposure to standards of care for the prevention, early identification, and treatment of mental illness and substance use disorders. Institutions of higher education that train behavioral health professionals should emphasize evidence-based practice competency, so graduates enter the field prepared to provide the most modern and effective treatments upon entering the workforce at graduation.

- **11. Expanding the Workforce Through Financial Support for the Education and Training of Critical Specialists**
  Develop a student loan repayment program for those who complete their studies and agree to spend a specified time working in Ohio to address the state's shortage of mental health and addiction specialists. Offer financial support for specialized training opportunities to retain and promote contemporary practice among the existing behavioral health workforce.

- **12. Supporting and Retaining the Existing Workforce**
  Support and retain the existing workforce through continuing education and advancing licensure. Target resources focused on trauma and burnout among first responders, child welfare specialists and health care providers working with people with mental illness and addiction.

- **13. Increasing the Number of Prevention Specialists**
  Increase the number of prevention professionals by implementing recruitment activities and making changes in reimbursement for prevention services.

- **14. Promoting Cultural Competence**Support the provision of effective prevention, treatment, and recovery services for to all Ohioans while recognizing the unique beliefs, values, customs, languages, abilities, and traditions of the state's diverse citizenry. Invest in education to support cultural competency.

15. Teaching Nonspecialists to Respond and Provide Needed Support
Invest in trainings to enhance the skills of collaborating professionals, such as health care workers and first responders, so they can respond to people with mental illness and addiction. The instruction would include Crisis Intervention Team and school resource officer training.

16. Supporting and Expanding the Role of Peer Support Specialists
Support and expand the role of peer support specialists, elevate and formalize the credentialing process, improve upon the current structure of peer support services with the Ohio Department of Medicaid and the Ohio Department of Mental Health and Addiction Services, and ensure ongoing opportunities for continuing professional development and support mechanisms.

17. Using Technology to Expand Access to Care in Underserved Areas
Advance telehealth approaches by providing clinician training and infrastructure to expand treatment opportunities to undeserved areas of the state.

18. Attracting More Child Mental Health Specialists
Provide more mental health services for children through expanded support of child psychiatry programs and new incentives for other professionals and para-professionals who specialize in meeting the needs of children and young adults in Ohio.

4. Prevention

Effective strategies to reduce the prevalence of mental illness and addiction conditions and decrease adverse outcomes require a full continuum of care, including health promotion, evidence-based prevention and treatment, and recovery resources to support healthy living. Prevention is an often overlooked, but important, component of this continuum. The adage "an ounce of prevention is worth a pound of cure" is an appropriate expression, as effective prevention services help individuals become more resilient, cope with life stresses, and decrease the likelihood of developing substance use disorders, mental illness, or both.

Prevention in Ohio is grounded in the public health model, which focuses on improving the well-being of populations. Public health draws on a science base that is multi-disciplinary and engages the entire community through the social-ecological model. Prevention aims to reduce underlying risk factors that increase the likelihood of mental health and substance use disorders while simultaneously promoting protective factors to decrease the likelihood of mental health and substance use disorders.

Education and environmental intervention strategies are two primary approaches to preventing substance use disorders. Some prevention interventions are designed to help individuals develop the skills to act in a healthy manner. Others focus on creating environments that support healthy behavior. Research indicates that the most effective prevention interventions incorporate both approaches. Prevention strategies should promote healthy relationships at home, school, and in the community to build resiliencies and reduce risk factors that contribute to development of mental health and addiction conditions across the lifespan.

To enhance prevention programming in Ohio, the RecoveryOhio Advisory Council recommends:

19. School and Community Surveys
Expand the use of standardized youth prevention survey instruments (Youth Risk Behavior Survey and OHYES!) for improved statewide data that can be beneficial for the development of programing to allow local communities to compare their results to the state average and allow state policymakers to compare Ohio to other states.

20. Statewide Prevention Coordination
Establish statewide prevention coordination with all state departments and agencies to ensure best practices, consistent messaging, technical assistance, and delivery of prevention services across multiple domains.

21. Coordinating Funding to Improve Sustainability, Efficiency, and Effectiveness of Investments
Identify collaborative funding strategies that will sustain high-quality and effective prevention services across domains in local communities for all age groups and populations. This includes efforts to prevent child abuse and neglect and development of resiliency skills to help those who have been exposed to psychological trauma. Prevention services should receive on-going, sustainable funding from predictable fund sources to eliminate the grant cycle effects on prevention programs and services.

22. Community Coalitions
Encourage the expansion of community coalitions that include public and private partnerships with health care providers to identify local needs and coordinate best practice assessments and implement strategies targeting multiple domains across the lifespan with the collection of specific outcome measures.

23. K-12 Prevention Education
Designate personnel within the Ohio Department of Education and the Ohio Department of Mental Health and Addiction Services to collaborate in the implementation of a comprehensive model that includes prevention education and social emotional learning. This model should establish health education standards for every student in Kindergarten through 12th grade and include policies that support positive and supportive environments; collect assessment data; train staff; establish referral processes; provide access to mental health and addiction interventions; screen for adverse childhood experiences and other behavioral health needs; intervene early when problems are identified; involve parents and school resource officers; and work with the community.

24. Before- and After-school Programs
Review potential funding mechanisms for before- and after-school programming as a component of a local continuum of prevention strategies developed with community partners.

25. Prevention Across the Lifespan
Disseminate models of prevention education across the lifespan to local communities that include, but are not limited to, senior citizens, families, and college students.

26. Drug-Free Workplace Programs
Prioritize the expansion of drug-free workplace programs through incentives and expanded technical assistance strategies.

27. Suicide Prevention
To prevent suicides, expand collaborative strategies to prevent suicide for all ages by requiring all boards of health, Alcohol, Drug and Mental Health (ADAMH) boards, and community coalitions to include the topic in their community assessment, skills training, and planning efforts and to focus attention to high-risk populations, such as senior citizens, youths, first-responders, incarcerated individuals, military members, and veterans.

28. Expanding Law Enforcement's Role
Recognize and strengthen the prevention role of law enforcement in schools and communities by providing training opportunities, including them in assessment and planning efforts, and implementing best practices that expand their presence as role models, mediators of conflicts, and supporters for parental, school, and community responses to substance use and mental illness.

29. Community Prevention Strategies
Increase efforts to educate the public about strategies evidenced to prevent overdoses, accidental poisonings, and suicide, such as safe medication disposal programs; safe storage of medications, including marijuana for medical use; and safe gun storage.

5. Harm Reduction

Harm reduction is a public health strategy to reduce the harms associated with certain behaviors. Harm reduction programs have been used to decrease adverse consequences of illicit drug use, alcohol use, mental illness and other illnesses. Although harm reduction strategies are sometimes seen as conflicting with traditional treatment approaches, the strategies are increasingly and appropriately being recognized as important to the continuum of care. Harm reduction strategies provide an opportunity to engage with individuals, offer broad assistance to those who are struggling, help them survive their current circumstances, decrease the likelihood that their behaviors will harm others, and provide opportunities for entry into other parts of the care continuum as they strive to improve their lives.

Harm reduction is helpful for individuals with mental health and addiction conditions and the communities where they reside. For example, suicide prevention is an area where harm reduction approaches can be of value. Suicide is the 10th leading cause of death in Ohio. Unfortunately, many of these suicides have a high prevalence of firearms use. Safe storage of firearms could reduce this number. The Ohio Department of Mental Health has been collaborating with the Buckeye Firearms Association on a campaign to educate the public on safe storage and signs of suicide to address this issue.

Harm reduction is an underdeveloped component of Ohio's care continuum. Enhancing this has the potential to save lives and make communities safer and healthier.

To improve harm reduction programming in the state, the RecoveryOhio Advisory Council recommends:

30 Exploring Evidence-based Harm Reduction
Investigate the outcomes of states with heavily evidenced models of policy-controlled harm reduction strategies, such as New York and Massachusetts, and the impact of these efforts on public health, including reducing the spread of infectious diseases, limiting the use of emergency rooms for primary care, and increasing connections to hard-to-reach populations at risk of overdose.

31. Promoting Harm Reduction
Strengthen collaboration among the Ohio Department of Health and Ohio Department of Mental Health & Addiction Services and local governments, including ADAMH Boards and others in Ohio, to push forward a multiprong campaign with education and implementation support to increase the spread of comprehensive harm reduction initiatives, such as naloxone-availability and vaccination programs.

32. Increasing Naloxone Availability
Assess every community for the accessibility of naloxone for overdose reversal and remove barriers to promote greater use.

6. Treatment and Recovery Supports

Each year, nearly 2.3 million Ohioans (20 percent of the population) experience a mental health condition, a mental health condition, with 575,000 experiencing severe symptoms. Ten to 15 percent of Ohioans or 1.15 million to 1.75 million individuals have a life history of a substance use disorder (alcoholism or another drug addiction). While these figures are

consequential, it is encouraging that treatment for individuals with mental illness, addiction -- or both -- is effective, and that with sustained treatment, most individuals do recover to lead active, productive, and satisfying lives. In fact, recovery rates for individuals with mental health or substance use conditions are as good as those for other physical conditions, such as diabetes, asthma, and high blood pressure.

As with other diseases and disorders, mental illness and substance use disorders impact everyone. Ohio must continue to work hard to ensure that all strategies addressing mental illness and substance use disorders includes effective approaches to address the needs of all Ohioans and that services and supports in institutions and community programs provide equitable access and clinical approaches that effectively meet the needs of Ohio's minority populations.

To organize the RecoveryOhio Advisory Council's recommendations for treatment, this section is grouped into four categories: Early Intervention, Crisis Services, Treatment, and Recovery Supports.

Early Intervention

From birth to adulthood, Ohioans deserve our best efforts to support their wellness. Left unidentified and untreated, a serious mental health condition or substance use disorder can cause significant functional impairments at home, at school, and with peers. Throughout a person's life, there are opportunities to provide intervention to change the trajectory of his or her well-being.

Screening, brief intervention, and referral to treatment (SBIRT) was originally developed as a public health model designed to provide universal screening, secondary prevention (detecting risky or hazardous substance use before the onset of abuse or dependence), early intervention, and treatment for people who have problematic or hazardous alcohol disorders within primary and other health care settings.[5] Based on the SAMHSA model, SBIRT is unique in its universal screening of all patients regardless of an identified disorder, allowing health care professionals to address the spectrum of such mental health and addiction conditions even when the patient is not actively seeking an intervention or treatment for his or her condition. SBIRT is also cost-effective, especially when individuals are identified early.[6]

Through early identification and intervention, individuals of all ages can achieve success in school, in work, and in family life.

5. SAMHSA, Screening, Brief Intervention and Referral to Treatment in Behavioral Healthcare, April 1, 2011, https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf

6. Mha.ohio.gov. (2019). *Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare.* [online] Available at: https://mha.ohio.gov/Portals/0/assets/Initiatives/SBIRT/20110401-samhsa-sbirt-whitepaper.pdf

To support this work, the RecoveryOhio Advisory Council recommends:

33. Enhancing Early Intervention Training

Provide statewide screening trainings to health care providers, employers, school health professionals and criminal justice settings to promote mental health and substance use screenings for Ohioans across the lifespan from prenatal to older adults.

34. Increasing the Use of Standardized Screening Tools for Early Identification and Intervention

Require the use of standardized screening processes, such as SBIRT (Screening, Brief Intervention and Referral to Treatment) and tools such as the PHQ-9 (Patient Health Questionnaire) to ensure the quality and consistency of early intervention strategies. Provide incentives for the use of technology in the delivery of screenings to improve access. Support the development of referral processes to facilitate care for those demonstrating need. Investigate third-party reimbursement payment for screenings in all settings, by all qualified providers and for mental illness and substance use disorders.

35. OhioSTART

In all Ohio counties, establish and expand quality programs that emphasize intervention with the whole family, such as OhioSTART (Sobriety, Treatment, and Reducing Trauma). Such programs can help parents maintain custody of their children while receiving the necessary structure and support for their recovery from addiction and/or mental illness and promotes the overall health of the family.

Crisis Support

Individuals of all ages (children, adolescents, adults, and the elderly) and their families are seeking care for substance use and mental health conditions in record numbers. Frequently, these individuals are exhibiting severe symptoms, such as psychosis, suicidal thoughts, and agitation and aggression and/or are exhibiting symptoms of substance withdrawal or the toxic effects of substance ingestion. In many communities, these individuals arrive in emergency departments, which may lack the full-spectrum of resources to adequately assess, stabilize, and integrate them back into the community.

Additionally, law enforcement is frequently called upon to respond to a mental health or addiction crisis. Sometimes, the commission of a crime necessitates the arrest of the person experiencing the crisis. The person may then be jailed – which creates a difficult situation for both the person and the staff of the jail. The environments of emergency departments and jails are not conducive to the resolution of a psychiatric health emergency and, therefore, an undue burden is placed on those facilities and on those experiencing a crisis related to mental illness or a substance use disorder. Such facilities should be evaluated and better equipped to handle these situations as part of the optimization of the overall continuum.

Crisis services are part of a continuum focused on managing individuals' mental health, addiction, and medical needs and should be integrated whenever possible. They are cost-effective and result in high client satisfaction rates. These services provide comprehensive evaluation and treatment approaches that are specifically designed to stabilize individuals in crisis and promptly link clients to community treatment, frequently avoiding the need for inpatient treatment. Many such efforts are already in place in parts of Ohio and were expanded as a result allocated funding granted by the General Assembly in the fiscal year 2018-19 budget.

These services include transitional housing, quick response teams, crisis stabilization units, and mobile crisis teams to name only a few. While there are numerous models and settings for provision of crisis services, Ohioans of all ages and their families could greatly benefit from a coordinated mental health and addiction crisis system that is integrated with the broader community behavioral health care and medical care system and is readily accessible throughout the state. Such services should be funded in a sustainable way and have facility-based and community-based options available.

To address the crisis services needs in Ohio, the RecoveryOhio Advisory Council recommends:

- **36. Exploring Crisis Infrastructure Models**
  Investigate promising crisis service models from across Ohio and in other states, such as Arizona and Vermont. Build a crisis infrastructure that works to assist all Ohioans at all ages by incorporating crisis services into a continuum focused on managing patients' medical, psychological, and social needs in an integrated fashion. Ensure flexibility in regulations and financing to allow for facility-based and community-based options determined by the availability of local resources and partnerships. Create a sustainable financing model for the development and ongoing operations of these crisis services, including block-grants to local governments and third-party payments to support ongoing service delivery.

- **37. Hospital Engagement**
  Support hospitals in their efforts to connect individuals experiencing mental illness and substance use disorders and their families to treatment and recovery support. Strategies should be developed for patients receiving care in emergency departments and in outpatient and inpatient settings.

- **38. A Review of Civil Commitment**
  Review and expand the civil commitment process and the role of involuntary treatment in helping individuals and families experiencing mental health and addiction crises to access services. Educate professionals on the full definition and processes and provide community education on accessing emergency services, including the use of medication assisted outpatient treatment.

- **39. Streamlining Information Sharing to Ease Collaboration and Improve Care**
  Develop trainings and tools that help collaborative partners share information for care coordination while maintaining compliance with federal privacy and confidentiality laws related to mental illness and substance use disorders.

Treatment

Treatment can take many forms and occur in many different settings, including outpatient treatment centers, clinician offices, hospitals, residential settings, and increasingly, in schools and community settings. There is no single "best" treatment that applies to all individuals affected by a mental health or substance use disorder, although preferred or "evidence-based" treatments do exist and provide the highest likelihood of treatment success. For some individuals, medication is a critical part of recovery. For others, psychotherapy and other "talking" treatments are preferred. For many, the combination of medication and therapy, along with recovery supports, yields the best results. In all cases, it is important that treatment is tailored to the specific characteristics and preferences of the person experiencing the behavioral health condition while following the best-known evidence.

Mental illness and substance use disorders are frequently life-long and chronic diseases. It is important for communities to have a coordinated network of community-based services and supports that help individuals throughout their life span. A strong system of care also gives individuals in recovery a voice in the recovery system and helps individuals in need of treatment for mental health

and/or substance use disorders drive their own recovery journey.

As both mental illness and addiction are life-long chronic diseases, it is important for communities to have a recovery-oriented system of care that brings together a coordinated network of community-based services and supports to help individuals throughout their lives. A strong recovery-oriented system of care also gives individuals a voice in their own recovery journey.

A recovery-oriented system of care will ensure that treatment for mental illness and substance use disorders includes several factors to yield the best chances of success. The care should be:

- **Evidence-based:** Not all treatments are created equal. "Evidence-based" treatments are those that have undergone scientific scrutiny and demonstrate effectiveness for specific conditions. While not all individuals will respond to any single evidence-based treatment, these approaches do give the best opportunity for a successful treatment outcome. Medications, therapies, and even recovery supports may be evidence-based. Nationally, there are still many practitioners who do not consistently use evidence-based treatments, leading to some individuals not achieving the treatment outcomes they should.

- **Culturally competent:** Treatments should consider the individual's culture and preferences that may exist within that culture. Treatment should consider cultural factors that may impact access and barriers to treatment and engagement. These may include language, communication preference, and historical mistrust of the health care system. Cultural factors may also impact response and the sustainment of long-term engagement. Cultural factors should be identified and considered from assessment and throughout the continuum of care.

- **Patient and family-centered:** The person receiving treatment and, in many circumstances, the individual's family, should be involved in making treatment plans using a "shared decision-making" process. They should be presented with diagnostic information, treatment options, and the risks and benefits of each option and likelihood of treatment success with each option. This serves to build the treatment alliance and enhance treatment adherence, which is essential for a successful outcome.

- **Age appropriate:** Treatments are effective for individuals of all ages and cultures. Physiology, medical issues, life experiences, and life challenges differ among age groups. The treatments required for individuals in each life stage need to consider these factors among others for clinical safety and good treatment results.

- **Trauma-informed:** Many individuals experiencing mental illness or a substance use disorder experience early life trauma. Many others are victimized later in life. In a great number of these individuals the trauma itself is a contributor to the symptoms they experience, so all treatment approaches, including medication and therapy, should consider the trauma context, avoid re-traumatization, and assure that the trauma is addressed.

- **Integrated and collaborative:** Treatment providers should coordinate efforts to ensure that an individual's needs are comprehensively met. This includes collaboration among prescribers, therapists, and providers of other medical care, as well as with schools, housing providers, and others outside of the traditional health care system to have complete information, avoid gaps and redundancies, and achieve best outcomes.

- **Outcome-driven:** The goal of treatment is to produce positive results, which may include a decrease of symptomology and improved life-skill functioning. Positive outcomes may include retention in treatment, sustaining employment, completion of education, and being a productive community participant. Treatment that does not achieve these goals in the expected time frame should be re-evaluated for effectiveness.

- **Sustainable:** Many mental health and substance use disorders are chronic and require sustained treatment for continuing success. Treatments should be viewed through this lens. Treatments must be affordable and tolerable to the individual, so treatment does not terminate prematurely.

Treatment is effective and can help people recover to lead satisfying and productive lives. Every citizen and family in Ohio should have ready access to all levels of treatment and care. This includes easy access to acute crisis services, subacute step-down rehabilitative care, and permanent supportive housing, when needed.

To address the gaps in treatment, the RecoveryOhio Advisory Council recommends:

- **40. A Focus on Diversity**
  Convene a focus group connected to RecoveryOhio to review the impact of Ohio's mental illness and addiction crisis on citizens of racial, ethnic, geographic and socio-economic differences to ensure that all Ohioans have equal access to the treatment and recovery support services they need to live healthy and fulfilling lives.

41. Supporting a Full Continuum of Care
Review the continuum of mental health and addiction treatment services available in communities across Ohio to determine gaps and create strategies to improve access to services and the geographical accessibility of mental health and addiction treatment services. Recognizing addiction and mental illnesses are chronic diseases, the continuum of treatment services should include outpatient, intensive community-based treatment services, residential treatment, and when necessary, inpatient treatment options that allow individuals to access the right services at the right time. Review reimbursement models across all payers (Medicaid, Medicare, commercial insurance) to identify gaps and challenges and develop strategies to support payment for services across the full continuum of care.

42. Promoting Levels of Care Determination and Treatment Recommendations
Ensure that each patient's needs and treatment recommendations are determined by a qualified clinical professional. Promote insurance coverage of medically-necessary services identified by qualified clinical care providers. Offer training and practice support to clinicians on the American Society of Addiction Medicine (ASAM) levels of care and the most effective methods of treatment continuation between levels of care for people with substance use disorders. Provide similar training for best practices in diagnosis and treatment planning for people with mental illness.

43. Telemedicine
Expand access to telemedicine to Ohioans in underserved parts of the state, including remote and rural areas and in metropolitan areas where transportation and distance are barriers to ready access to specialty care.

44. Using Medication to Treat Addiction
Provide training and ongoing technical assistance to increase the number of medical professionals who can provide comprehensive medication assisted treatment (MAT) services for all MAT options and promote acceptable clinical standards of care that include linking patients to mental health and substance use treatment providers so that MAT is provided in conjunction with psychosocial treatment and supports.

45. Improved Access to Medication to Treat Mental Illness and Addiction
Ensure people with mental illness and addiction have rapid and continued access to prescribers and medications in community and institutional settings.

46. Alternative Pain Therapies
Educate patients and prescribers about effective nonopioid pain management strategies including both nonopioid pain medications and nonpharmacological treatments for pain.

Recovery Support

The adoption of recovery by mental health and addiction treatment systems in recent years has signaled a dramatic shift in the expectation for positive outcomes for individuals who experience mental health and/or substance use disorders. The value of recovery and recovery-oriented systems of care is widely accepted by states, communities, health care providers, peers, families, researchers, and advocates.

The process of recovery and wellness maintenance is personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery supports promote individual, program, and system-level approaches that foster health and resilience (including helping individuals with behavioral health needs to "be well," manage symptoms, and achieve and maintain abstinence); increase housing to support recovery; reduce barriers to employment, education, and other life goals; transition individuals from institutional settings to community living; and connect to necessary social supports in their chosen community. Focus areas for recovery and wellness maintenance:

- **Housing and homelessness:** A lack of safe housing is a huge challenge to the recovery and wellness of individuals with mental illness or addiction. This is often due to a lack of work history or gaps in employment, a criminal background, or a negative credit history. Supportive housing can provide the stable environment people need to successfully work toward positive goals. Appropriate housing also is a key to rebalancing Ohio's long-term care options, saving taxpayer dollars, and increasing independence for people who do not require institutional care. Such housing should allow and align with evidence-based treatment plans (including medications) when indicated.
- **Employment and benefit planning:** Not only does meaningful employment help pay the bills, but can also provide a person with a sense of pride and belonging. It offers opportunities to connect with others socially. Unfortunately, the current rate of employment among people with behavioral health conditions is low

despite research that strongly supports the critical impact that work plays in enhancing an individual's recovery. The factors that lead to low rates of employment in individuals with behavioral health conditions parallel those which create problems to those trying to obtain safe and stable housing. In addition, cash and medical assistance benefits provide essential support for many people with behavioral health needs who are unable to achieve competitive full-time employment.

- **Peer support and peer-run organizations:** Through the promotion of sharing personal experience and knowledge, individuals engaged in peer support play an active and vital role in laying the foundations for sustained recovery. Peers are an important part of Ohio's behavioral health workforce. "Peer recovery supporter" is an all-inclusive term consisting of peer specialists, recovery coaches, and peer supporters. As individuals with lived experience, peers offer a unique type of support for people in treatment, recovery, or those working to manage their illness.

  Consumer-operated services (also known as peer recovery organizations) and recovery community organizations provide services or activities that are planned, developed, administered, delivered, and evaluated by people, a majority of whom have a direct lived experience of a mental health and/or substance use disorder. The peer-run organizations have a primary goal of enhancing the quantity and quality of support available to individuals seeking recovery from mental health or substance use disorders.

To address recovery support gaps, the RecoveryOhio Advisory Council recommends:

- **47. A Housing Plan**
  Review and create a comprehensive plan for safe, affordable, and quality housing that will meet the needs of individuals with mental health and substance use disorders so they can fully participate in community and family life. The plan will include supported housing options, transitional housing, recovery housing, adult care facilities, and short-term stabilization options to provide housing stability and choice. The plan will recognize that housing for people with mental health and substance use disorders will allow for and coordinate with treatment providers to ensure alignment of individuals' treatment plans, including medications. This plan must consider the housing barriers faced by people who have criminal records and evaluate options for individuals who may not be able to live independently to provide the highest quality of life possible.

- **48. Recovery-Friendly Communities and Workplaces**
  Support the development of recovery-friendly environments in all sectors, schools, communities and workplaces to promote and sustain health and wellness goals. Put resources toward peer recovery organizations, recovery community organizations, recovery high schools, collegiate recovery communities, and alternative peer groups.

- **49. Focusing on Employment**
  Provide incentives and risk management strategies to support employers and business owners in hiring employees recovering from mental illness and addiction and in supporting these employees in their ongoing success in the workplace. Coordinate federal and state resources to expand supported employment services models for people with mental illness and addiction. Reduce barriers to employment for people with criminal histories.

- **50. Engaging the Faith Community**
  Work with the Governor's Office of Faith-Based and Community Initiatives to uncover and leverage current community faith-based recovery support alternatives to augment existing community recovery support programs.

- **51. Reducing Transportation Barriers**
  Examine transportation barriers and find ways to reduce them to permit consistent participation in treatment and recovery support and consider technological solutions to these barriers that may be more effective and efficient.

- **52. Greater Mental Health Advocacy**
  Support the re-establishment of a statewide mental health peer-run organization led by individuals with lived experience, that, at a minimum, includes advocacy and speakers' bureau training.

- **53. Strategies for Human Trafficking Survivors**
  Work with the Department of Public Safety, the Ohio Human Trafficking Commission, the Governor's Human Trafficking Task Force, local coalitions and faith-based providers to develop trauma-informed intervention recovery and support strategies and programs for victims of human trafficking.

54. Support for Families
Link families affected by mental illness and substance use disorders to trainings, grief and trauma support groups, and other resources.

7. Specialty Populations

The RecoveryOhio Advisory Council and the RecoveryOhio State Team are committed to addressing the unique needs of all Ohioans. In preparation for this report, the RecoveryOhio Advisory Council spoke about two "specialty" populations: individuals involved in the criminal justice system and youths. The council recognizes that the two groups represent only a small percentage of the population of the state. Moving forward, both the RecoveryOhio Advisory Council and the RecoveryOhio State Team intend to continue their work serving all specialty populations, including older adults, veterans, and racial and ethnic minorities.

Ohio's prisons and jails have become defacto treatment centers for those with severe and persistent mental health needs, substance use disorders, or both. Individuals involved in the criminal justice system have unique, complicating factors that could create barriers to long-term health and recovery.

The ability to get a job, build life skills, or have a safe place to stay can be challenging for anyone leaving criminal justice settings, but when these challenges are coupled with a mental illness, a substance use disorder, and/or other physical issues it may seem that recovery and wellness are impossible. Decades of addressing mental illness and addiction as a public safety crisis rather than a public health crisis resulted in escalated incarceration rates, which has been particularly devastating to racial and ethnic minorities who, as individuals, families, and communities, continue to live with the consequences.

The second specialty population of great concern to the RecoveryOhio Advisory Council is Ohio's youth. Many of our youth are especially at risk for exposure to adverse childhood experiences (ACEs) that can result in problems that occur presently and may continue later into life, including depression, substance use disorders, school difficulties, chronic diseases, or even premature death, including death from suicide. These are complicated when parents and others close to the young person are struggling with mental illness or addiction, themselves. In this public health crisis, we must do what we can to prevent, intervene early, and address mental health conditions and substance use disorders so that every child in Ohio can have a fruitful, long life.

To address the needs of Ohio's specialty populations, the RecoveryOhio Advisory Council is breaking down its recommendations into two categories: Individuals involved in the criminal justice system and youths.

Individuals Involved in the Criminal Justice System

The interface between the behavioral health and criminal justice systems is significant. The increased involvement of people with mental illness and/or substance use disorders in the criminal justice system is a serious problem. Treatment providers, law enforcement, courts, jails, and prisons have joined with consumers and family members in addressing this difficult situation. By connecting individuals with clinical treatment and/or pre-release care coordination services, they are more likely to get well and make positive life changes.

Local communities are encouraged to develop collaborative relationships between the behavioral health and criminal justice systems so that individuals with mental illness and/or alcohol and other drug addiction receive the care they need on a continuous basis. This, in turn, helps to reduce recidivism, improve public safety, and minimize the risk of harm to law enforcement and those with whom they come in contact.

Services available to those involved in local justice systems include funding for psychotropic medications, including medication-assisted treatment; administrative costs for case management services; and treatment and recovery services for court-involved individuals and their families. Collaboration among treatment and recovery support providers, ADAMH Boards, health departments, law enforcement, courts, jails, prisons, consumers, and family members contribute to public safety and promote recovery for the well-being of Ohioans.

Specialty Dockets
A specialized docket is a court that offers a therapeutically-oriented judicial approach and provides court supervision coordinated with appropriate treatment to individuals. Since the establishment of Ohio's first drug court in 1995, the state has been established as a forerunner in

the national specialized dockets movement. The spectrum of specialized dockets offered in Ohio is vast and diverse, including, but not limited to: adult and juvenile drug and mental health courts, family dependency treatment, veteran treatment, operating a vehicle under the influence (OVI), and substance abuse and mental illness (SAMI), juvenile treatment, human trafficking, re-entry, and domestic violence dockets. The jurisdictions of Ohio's specialized dockets include court of common pleas, general, juvenile and domestic relations divisions, as well as municipal and county courts.

Specialized dockets that target high-risk, high-need addicted parents charged with abuse, neglect, and dependency of their minor children are shown to increase the number of children able to remain in their homes due to the involvement of child protective services who provide oversight and supervision that assists families in developing and maintaining a safe home environment. Additionally, there are increased rates of reunifying with their parents, children who were removed from their homes.

To address concerns about incarcerated individuals with mental health conditions and/or substance use disorders, the RecoveryOhio Advisory Council recommends:

55. Criminal Justice Reform
Anticipate the impact of criminal justice reforms on demand for treatment and recovery supports and the corresponding availability of these services. Ensure reforms are enacted without bias toward any specific drug so that individuals with any substance use disorder have an equal opportunity to access treatment and recovery support services in lieu of jail time. And, recognize the effects these changes will also have on other systems, such as child welfare.

56. Decreasing the Supply of Drugs
Continue to coordinate efforts between the Ohio Department of Public Safety and the Ohio Attorney General's Office to work with law enforcement agencies to expand proven drug task force models that specifically target and disrupt the flow of money and drugs from cartels that target individuals struggling with substance use disorders.

57. Alternatives to Incarceration
Increase diversion opportunities through crisis stabilization or deflection centers to ensure that individuals in need of treatment get treatment instead of using jails as defacto holding centers.

58. Specialty Courts
Expand access to specialty courts for people and families with mental illness and addiction and increase the number of specialty dockets that embrace trauma-informed best practices and family-centered approaches.

59. Competency Restoration
Amend the in-patient competency restoration process to emphasize treatment and community access to services, especially for misdemeanor offenses. This will have the positive result of returning the use of in-patient hospital beds to those individuals in psychiatric crisis without criminal justice involvement and decrease wait time for admission. It will also help meet the long-term clinical and safety needs of individuals and communities.

60. Treatment While Incarcerated
Enhance continuity of care and introduce new treatment opportunities, including counseling, medication, and other supports, to individuals with mental health and substance use disorders who are incarcerated in community-based correctional facilities, jails, prisons, and halfway houses. The treatment would promote recovery, minimize disruption in care, reduce recidivism and promote wellness.

61. More Programs for Incarcerated Women
Expand programs that address the unique needs of women, particularly pregnant and mothers, who are increasingly being incarcerated in Ohio's prison and community-based correction facilities.

62. Attention to Re-entry and Reintegration
Implement research-informed re-entry and reintegration strategies that help individuals exiting the criminal justice system to transition successfully back into the community. Disseminate best practices on strategies for promoting recovery from mental illness and addiction to treatment providers who focus on criminogenic behaviors and to re-entry professionals. Ensure consistent local implementation of Ohio Medicaid enrollment policies in all 88 counties for Ohioans in jails.

Youths

A recent report by the Ohio Council of Behavioral Health & Family Services Providers stated, "Today's children are tomorrow's parents, community leaders, workforce and the key to our state's economic success." [7] Recent studies have found that mental health and substance use disorders in children are quite common, and frequently go untreated or undertreated. A recent study found that between 17.8 and 19.9 percent of children between birth and age 17 have a mental health disorder and that only 53.4 percent of these children receive treatment, ranking Ohio 28th among all states.[8] Despite this information, substance use and mental health screenings are not routinely used, putting the state's youth population at risk for crisis and substance abuse later in life.

In 2018, more than 15,000 children were served through Ohio's child welfare system in out-of-home care, with one-half of them placed due to parental substance use disorders, Ohio must build protective factors, programs, and services to protect and support healthy development of our children. For youths involved in foster care the trauma caused by these out-of-home placements, as well as the events that occurred leading to the placements, often results in feelings of fear and helplessness. These are normal responses to abnormal events, not signs of weakness and may lead to lifelong problems. Children need to know that they're safe and that people care and will help them through whatever events they have experienced. Caregivers, teachers, and service providers can be more effective in providing care and support if they are trauma-informed and sensitive to a child's needs.

As children grow, mental, social, and emotional challenges are exacerbated during the transition from youth to adulthood. This can result in problems in multiple life domains, including housing, education, employment, quality of life, and life skills. Best practices for serving transition-age youths incorporate the principles of recovery, resiliency, and cultural competence. In addition, the care during these critical ages must be youth-guided and family-driven so that our children feel loved and supported and can lead healthy lives.

To address the gaps with the youth continuum of care, the RecoveryOhio Advisory Council recommends:

63. Looking at the Needs of Youths and Families

Convene a focus group, including state agencies, experts, families, and other parties, to review the needs of youths and families. Specifically, the group should prepare strategies to implement the Joint Legislative Committee on Multi-System Youth Recommendations (June, 2016). Particular attention should be given to:

- Improving access to early intervention depression, substance use, and adverse experiences/trauma.
- Promoting evidence-based, outcomes-focused treatment services.
- Promoting treatment for kids in homes and communities while preventing out-of-home placements.
- Exploring options to help kids assimilate back into homes and communities following out-of-home treatment.
- Promote appropriate levels of care coordination and case management across systems for multisystem youths.
- Providing access to a mental health professional in every school.

64. Focusing on Juvenile Justice

Continue, and improve upon, the RECLAIM program to ensure youths have access to treatment in lieu of incarceration. Review the transition process for youths to adult prison facilities to ensure that incarcerated young adults benefit from services and environments that are specific to their age and development level.

65. Examining Crisis Services

Ohio should evaluate the crisis service infrastructure to improve services and resources for youths and their families.

66. Concentrating on Foster Care and Child Welfare

Embrace best practices in cross-system collaboration among state entities — including the Ohio Department of Mental Health and Addiction Services, Ohio Department of Job and Family Services, the Supreme Court of Ohio, the Ohio Department of Medicaid, and the Ohio Department of Health — that will expand resources and technical assistance to local communities for families involved with the child welfare system and who are experiencing substance use, mental illness, and co-occurring disorders. Support efforts to meet the demand for foster care while reducing the need for foster care. Build resources to support foster care and kinship caregivers, such as grandparents, in meeting the needs of children with significant behavioral and emotional problems.

7. The Ohio Council of Behavioral Health & Family Services Providers, Ohio Council Children's Policy Priorities ,2019. www.theohiocouncil.org

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67. Providing a Full Continuum of Care for Ohio's Children, Youths, and Young Adults
Review the continuum of services available to Ohio's youths, young adults, and families to determine gaps and create strategies for timely access to appropriate care for Ohio's youngest citizens and their parents.

68. Focusing on Organizations For Youths
Expand collaboration among organizations meeting the prevention, treatment, and recovery needs of Ohio's young people and organizations serving youths, such as Boys & Girls Clubs, YMCAs and others. Support the growth of recovery high schools, collegiate recovery communities, and alternative peer groups for youths recovering from mental illness and substance use disorders.

69. Meeting the Respite and Support Needs of Families
Create a plan to meet the distinct needs of families of children and youths with severe emotional disorders and provide respite and support for these caregivers.

Other Specialty Populations

To address the needs of other specialty populations, the RecoveryOhio Advisory Council recommends:

70. Expanding Services for Seniors
Explore partnership opportunities among the Ohio Departments of Mental Health and Addiction Services, Aging, and Health that will expand support and services for senior citizens experiencing neglect and abuse. Expand prevention and education services to older adults at risk of mental illness and/or substance use disorders. Increase screening of older adults for mental illness and substance use disorders. Support grandparents who are providing kinship care to children who are not able to remain in their homes due to parental substance use disorder or mental illness.

71. More Treatment Options for People With Eating Disorders
Assure that a full continuum eating disorder treatment is available within the state.

72. Greater Support for First Responders
Support collaborative strategies that increase local support available to first responders related to secondary trauma. Build targeted efforts for suicide prevention among first responders.

8. Data Measurement and System Linkage

Finally, the RecoveryOhio Advisory Council met and discussed data, outcomes measurement, and the need for multisystem connections to create a behavioral health service delivery system in line with the needs of all Ohioans.

To that end, the RecoveryOhio Advisory Council recommends:

73. Data Coordination and Sharing for Planning and Care Coordination
Use data available through all state agencies and their local partners to support planning and resource allocation focused on ending Ohio's mental health and addiction public health crisis. Support the development of a technology infrastructure and data linkage strategies for partners at the state and local level, including ADAMH boards, managed care organizations, health departments, school districts, housing planning councils, and criminal justice system to perform data-informed planning at the community level. Support community-based treatment providers in their ability to participate in health-information exchanges for enhanced care coordination and integration with physical health care to improve outcomes for individual patients. Work with federal partners to reduce barriers created by federal privacy laws to increase the efficiency and effectiveness of access to information.

74. Measuring Outcomes

Develop a key performance indicator monitoring system to improve the quality of care for mental health and addiction services and quality of life measurements for individuals and families. Recognize the need for timely data to effectively respond to ever-changing trends and patterns in drug trafficking, disease prevalence, service capacity and workforce demand throughout the state. Minimize administrative complexity for data entry and reporting. Ensure that data measures equity in access to care in health and criminal justice settings and in outcome achievement for racial and ethnic minorities.

75. Setting Up a Satisfaction Survey

Survey individuals and families to establish satisfaction with services and supports for individuals and families with mental health and substance use disorders in Ohio.

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